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ABSTRACT

This guide to help parents work in collaboration with the school team to enhance the education of their children with emotional or behavioral disorders considers special education and related services, special education evaluation, the Individualized Education Program (IEP), school rules and policies, day treatment, residential placement, accommodations and modifications, communicating with the school, evaluating the IEP plan, and resolving differences. Checklists suggest questions that parents may want to ask on prereferral interventions, evaluation, conference planning, the IEP, transportation, suspension, change of placement, educational services in residential placement, returning to school from residential placement, a communication plan, and communication styles. A list of classroom accommodations to meet the needs of students with disabilities is provided and includes techniques for adapting textbooks and curriculum, classroom environments, instruction and assignments, grading and tests, and behavior. Appendices include: a list of parent training and information centers by state; Subpart D on preschool, elementary, and secondary education of Section 504 of the Rehabilitation Act of 1973; and a list of state and National children's mental health organizations. (CR)

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HONORABLE INTENTIONS

A PARENT'S GUIDE TO EDUCATIONAL PLANNING FOR CHILDREN WITH EMOTIONAL OR BEHAVIORAL DISORDERS

SECOND EDITION

PACER CENTER, INC.

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Honorable Intentions

A Parent's Guide to Educational Planning for Children with Emotional or Behavioral Disorders

Second Edition

PACER Center, Inc.

Honorable Intentions

A Parent's Guide to Educational Planning for Children with Emotional or Behavioral Disorders

Second Edition

by Dixie Jordan, Codirector of
Families and Advocates Partnership for Education

Paula Goldberg, Executive Director

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Introduction

Most people who work with children who have emotional or behavioral disabilities have honorable intentions. Their desire is to help a child learn to deal with his or her problems and to succeed. However, there are many different ideas about what these children need, and people may disagree about what to do. Parents often find themselves caught between competing approaches when deciding the best way to handle behaviors.

How someone views behavior determines what that person wants to do about it. Different ideas about what causes mental health or behavior problems may lead to different kinds of interventions. Your child's mental health provider, probation officer, social worker, teacher, or counselor may each have a different idea about what to do, based on his or her training and personal experience.

You have a right to expect that your family's values and practices will be considered in the services your child receives.

You will have your own ideas about the best way to help your child. Even parents may see things differently. Like professionals, you have ideas about what to do that come from how you see your child's problems.

If you believe that your child's issues are medical, your first thought will be to seek help from a physician or child psychiatrist. If you believe that your child simply has not learned necessary behavioral skills, that will be your focus. If you think your child is being deliberately disobedient, as all children sometimes are, you may use punishment to stop the behavior. Regardless of who provides services to your child, you have a right to expect that your family's values and practices will be considered in the services your child receives.

Develop a positive approach

One of the best approaches in any behavior support plan for children is also the simplest: Give children lots of positive attention when you "catch them being good." This approach focuses on what children do right, rather than on what they do wrong. Parents and teachers should ignore minor misbehavior whenever possible and give plenty of attention to appropriate behaviors. Focusing on a child's skills and accomplishments can help keep relationships positive.

Adults base their reactions to children's behavior on their own personal experiences, training, and beliefs. Consider Ann, a 12-year-old girl with a serious emotional problem. She refuses to do her schoolwork. When the teacher tries to help, Ann swears and throws

her papers onto the floor. She is defiant and angry when reminded to do her work and loudly refuses to obey. Her teacher becomes annoyed and firmly reminds Ann that her behavior is unacceptable. Ann continues with her outburst.

The teacher becomes angry. It is common for adults who become angry to punish. Thus, the teacher may send Ann to the school office, send her home for the day, or suspend her for a few days. The teacher, offended by Ann's rudeness, may simply not try to help her again.

Now consider that Ann, as defiant and angry as ever, has had an evaluation. It shows that she is clinically depressed, is a poor student, has no friends, and is far below her peers in reading. She is upset about her parent's recent divorce and unsure of the outcome of a continuing custody battle.

Ann's teachers and parents are more likely to view her with sympathy and concern if they understand *why* she behaves the way she does. She may be looking for attention. She may be trying to hide poor reading skills by being loud and rude. Ann may be afraid that peers and teachers will reject her. She may be worried about which parent she is going to live with. If those who work with this young woman understand the motive behind the behaviors, most will respond to her in a more positive way.

Note that Ann's behavior does not change in the example just given. Rather, it is how the adult thinks about her behavior that has shifted. The misbehaviors cannot be permitted to continue; however, a plan for helping Ann must include more than punishment. Instruction should

focus on teaching alternatives to the problem behaviors, and it must take into account how those behaviors developed and what purpose they serve.

The United States has historically demanded obedience of its children. Punishment has become a routine way of responding to problem behavior, even when it does not lead to lasting behavior change. Punishment that is used impulsively, in anger, or without understanding the needs of a child may escalate anger and confusion.

Punishment does not teach new skills. While punishment may temporarily stop problem behaviors, it does not teach children what to do instead of misbehaving.

Punishment does not teach new skills.

Teaching positive behavior skills is a process. It requires you and the school professionals to adopt a team approach. You, the teacher, and others involved in your child's education will work together to consider your child's needs and develop a program based on those needs. Once you agree to a program, your responsibility is to support the teacher and the program and to monitor the effectiveness of services in meeting your child's needs.

It is important that you speak up at meetings where decisions are made and that you learn what to do if you do not agree with the services proposed for your child. As a parent, you raise your child according to your own family values, traditions, or culture. You want services that support your hopes and dreams for the child.

Honorable Intentions

When parents and professionals bring different experiences, beliefs, and ideas about a child's needs to the planning table, some disagreements can be expected. Children with emotional and behavioral disorders are a challenge for even the best parent or teacher. There will likely be days when both you and your child's teachers run out of ideas for dealing with a difficult behavior. You also may be out of the energy it takes to be creative.

These critical moments can strain relationships between families and schools. Yet it is when things are not going well that working together is most important. Children need to know that their families are willing to work out problems at school as they arise.

Children who convince their parents that their teachers are mean or unfair hold a great deal of power. Parents who talk about the teacher or school negatively to their child may reinforce their child's anger or unhappiness. The child, in turn, may feel support from parents to misbehave at school.

Disagreements over discipline can be common, especially when a child reports that he or she is being treated unfairly or disrespectfully at school. Such problems must be taken seriously and should be investigated with responsible school staff. Often simple misunderstandings or misinterpretations of events are the problem. At other times, a child may truly have been treated unfairly.

It is important to check with the teacher, counselor, administrator, or even the school board, when you have

concerns about a specific school incident. Because children receive cues for how to behave from observing their parents, modeling positive ways to solve tough problems is important.

One helpful way to ease tensions is to consider the honorable intentions that bring parents and teachers together in a planning relationship. As a parent, your intentions are certainly honorable. You want the best possible services for your child and are concerned when he or she is angry, unhappy or discouraged. Most teachers also have honorable intentions, even when they have different ideas than you about the severity of your child's behaviors or the best way to address those behaviors.

Many parents assume that when they and their child's teacher disagree, it means that the teacher does not like them or their child. It is more helpful to assume that people view behaviors differently and that people do sometimes disagree about what to do.

At times, you will be the only person at the school planning meeting who is free to advocate for services your child needs. Teachers work in a system where the needs of one child may be considered within the context of school budgets, staff or space availability, or time. They may not be free to speak out for services your child needs. While budgets and staff may be among your concerns, your first responsibility is to your child. You are the one person who can insist that your child receive the services he or she needs and is legally entitled to.

Across the nation, parents are assuming a greater voice in determining services for their children. In the field of mental health, for instance, parents often help develop and implement community-based services for their children and may serve as their child's *case manager*. They are valued as contributors to the planning process. Families must insist upon the same partnerships with education professionals.

Long after the last teacher or therapist has disappeared from your child's life, you will be there to support and encourage your child. Will he or she be prepared for the future? You can make the difference now, by asking questions, helping to develop your child's program, working to resolve disagreements, and letting your child's teachers or other providers know when you are pleased with services. By working with the school team and exercising your rights, you will ensure that your child receives the education he or she needs and deserves during these important years.

Special Education and Related Services

The term *special education* under the Individuals with Disabilities Education Act and its 1997 Amendments (IDEA), means "specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability." It includes:

- instruction in the classroom, home, hospital, institution, and other settings
- instruction in physical education

These services are taught by appropriately licensed staff. An example of a special education service is a social skills or anger management class taught by a teacher, social worker, or psychologist.

Related services include transportation and any developmental, corrective, or other services needed to help your child benefit from special education. They include:

- speech-language pathology and audiology services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- school health services
- social work services in schools
- parent counseling and training

If your child is eligible for special education and needs related services to help meet an educational goal, those services should also become part of his or her individualized education program.

If your child is eligible for special education and needs related services to help meet an educational goal, those services should also become part of his or her individualized education program (IEP).

Severe Emotional Disturbance (SED or ED) under the Individuals with Disabilities Education Act

School districts are responsible for determining whether a child needs special education and related services as a result of having an emotional or behavioral disorder or

mental illness. Children who come to school with significant emotional problems may be so distracted by these issues that they cannot participate in regular activities without assistance. Without specialized help to manage their behaviors or emotions, many children are unable to benefit from their educational program.

Under the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA), children with emotional and behavioral disabilities are served under the category of "severe emotional disturbance," also known as "emotional disturbance" (SED or ED). States may choose a different name to identify children eligible for services, such as *emotional or behavioral disorder* (EBD), *emotional impairment* (EI), *behavior disorder* (BD), or other term.

In Minnesota, the term used to identify children who are emotionally disturbed under federal law is *emotional or behavioral disorder* (EBD). That is also the term that will be used throughout this book. Regardless of the term used by a state, eligibility for services is based on the following federal definition of *emotional disturbance*:

> "The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
>
> A. An inability to learn that cannot be explained by intellectual, sensory or health factors.
>
> B. An inability to build or maintain satis factory interpersonal relationships with peers and teachers.

C. Inappropriate types of behavior or feelings under normal circumstances.

D. A general pervasive mood of unhappiness or depression.

E. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. It does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance." (IDEA 300.7(a)4)

Different states may have slightly different definitions, but they may not have a more restrictive definition than the one in the Individuals with Disabilities Education Act.

The role of special education teachers

Special education teachers who instruct students with emotional or behavioral disorders have training in strategies to teach this group of children and youth. They provide instruction, case management, and emotional or behavioral support. Some serve as advocates for a child within the larger school community.

Teachers must know how to teach to a child's individual problems. Instruction may include anger management, problem-solving skills and conflict resolution, positive peer and adult relationships, vocational skills, self-management skills, assertiveness training, or other skills. Special education teachers must also know how to work collaboratively with the student's regular education teachers. Together, they may develop accommodations

so that a child can remain in the regular classroom with peers who do not have disabilities.

Special education or regular education teachers may provide services to help a child cope with and learn from school activities. In some instances, mental health agencies provide services through a contract or agreement. Vocational rehabilitation specialists may help prepare youth for independent living or develop job skills. Services may be provided in a regular or special education setting, shelter, residential or day treatment program, home-school program, correctional program, community-based program, or any setting where the child lives or goes to school.

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act is a federal civil rights law that prohibits discrimination against people with disabilities in programs that receive federal funding.

Section 504 simply says that no person with a diagnosed disability can be subjected to discrimination on the basis of disability.

Section 504 uses a broader definition of disability than the Individuals with Disabilities Education Act uses. Under IDEA, "child with a disability" means a child who has been evaluated as having a specific disability and who *because of the disability* needs special education and related services. Children might have a diagnosed disability, such as asthma, learning disabilities, or attention-deficit disorder, and not be eligible for special education and related services. By contrast, Section 504 simply says that no person with a diagnosed disability can be subjected to discrimination on the basis of disability.

A "qualified individual with a disability" under Section 504 is a person who:

1. has a physical or mental impairment that substantially limits one or more major life activity (caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working);
2. has a record of such an impairment; or
3. is regarded as having such impairment.

If children with disabilities who are not eligible for services under IDEA need accommodations, modifications, or supplemental aids and services to be successful in school, they may have a right to those services under Section 504.

A Section 504 plan lists the accommodations a student needs. Although the law does not require such plans to be in writing, school districts are responsible for providing any services that are necessary. Most districts do provide written Section 504 plans for eligible students.

If your child has a diagnosed disability but is not eligible for special education and related services, you will want to call your school's Section 504 coordinator. You may meet with the coordinator and perhaps your child's teachers to talk about what accommodations your child needs, if any, based on the results of the evaluation. Such accommodations, including any necessary changes in curriculum or instruction, must be provided if they are needed because of your child's disability.

Many states now have specific standards that students must meet in order to graduate from school. Section 504 accommodations may, for some children, focus on helping them to meet the graduation requirements. (For examples of accommodations in regular and special education see the chapter entitled "Accommodations," pages 93–109.)

This book focuses on special education planning. The information should be useful in considering the needs of children who are eligible for services under IDEA, as well as children who need accommodations under Section 504. For your information, the specific requirements of Section 504 are found in the appendix. (See pages 128–135.)

Special Education Evaluation

If your child is having problems succeeding in school, he or she may be referred for an evaluation. The purpose of an evaluation is to determine if a child has a disability and is eligible for special education. It will also help the team to develop a specialized program of services.

No federal law requires a child to have a medical or mental health diagnosis to receive special education and related services. Having a mental health diagnosis also does not necessarily mean that a child needs special education and related services. A state *may* require that a child have a mental health evaluation as part of the evaluation process. If this is true in your state, then your school district must provide the evaluation at no cost to you.

Prereferral interventions

Prereferral interventions are planned strategies to see if your child's behavior improves with simple changes in the curriculum or environment.

Before referring a child for evaluation, schools may conduct *prereferral interventions.* These are planned strategies to see if your child's behavior improves with simple changes in the curriculum or environment. The teacher will use specific strategies to help the child improve in areas of concern. If, for instance, a child does not complete his work when seated next to a certain friend, the teacher may move the student to another seat to see if his performance improves. Or a teacher may observe that an anxious student does better when alerted a day or so in advance of a test. If these kinds of changes help your child do better, an evaluation may not be needed. If problems continue, an evaluation will help identify more specific ways to help your child learn.

Although teachers may try a variety of interventions to help a child before making a referral for evaluation, you do not need to wait for these interventions to be completed before requesting an evaluation.

Requesting an evaluation

If you believe that your child needs special education and related services, your first step is to ask for an evaluation. This is called a *referral,* and should be done in writing. The district may also make a referral for evaluation. They must obtain your written permission for the initial (first-time) evaluation to proceed.

If you are asking for an evaluation, mail a letter of request to your child's teacher and the school principal, and send a copy to your special education director.

Be sure to put a date on the letter. Make a copy and keep it in your child's file at home.

Once you give written permission, the evaluation must be completed within a reasonable period. Your state may have a specific time line for this. Minnesota law, for instance, permits thirty school days to complete the evaluation and schedule a meeting once the district receives a parent's consent.

As part of the initial evaluation and any reevaluation, a team that includes you and school professionals will:

1. Review existing data, including any information you gave the school, as well as current assessments and observations by teachers and others
2. Identify what additional data (if any) are needed to determine the following:
    - whether your child has, or continues to have, a particular disability
    - what your child's present levels of educational performance and educational needs are
    - whether your child needs special education and related services
    - if your child already has an individualized education program (IEP), whether additions or modifications are needed to the services for your child to meet the IEP goals and to participate successfully in the general curriculum.

Nondiscriminatory testing

All tests discriminate. If everyone taking a test obtained the same score, then the test would not be useful. However, tests should discriminate only in areas they were designed to measure — anxiety, depression, learning, etc.—and not in areas such as culture, race, language, or value systems. Children from diverse backgrounds are often at risk for cultural bias in emotional and behavioral assessments.

Children from diverse backgrounds are often at risk for cultural bias in emotional and behavioral assessments.

You will be told what kinds of tests will be given to your child. You have a right to ask if any of the tests could have a negative effect on your child. It is a good idea to ask if the evaluator is experienced in testing children from your child's race or culture. If not, you may ask that the testing be performed by someone from your child's race or culture or by someone who has experience in this area. Any tests must be provided in your child's native language, if needed.

You may ask questions about the tests your child will be given and should expect honest answers. Professionals who understand test bias in language, race, or culture should willingly share this information with you.

Your child's evaluation will include different kinds of assessments. Tests measure your child's academic skills or other abilities. Observations or interviews help professionals to understand how your child gets along with others. You may be asked to share a developmental history of your child, including health issues or important family events that affect your child's behavior or functioning.

The team will evaluate your child's social, functional, vocational, or independent living skills if needed. They may evaluate whether your child needs an *assistive technology* device or service, such as a computer, to be successful. For some children, a full evaluation may include psychiatric or psychological testing at a hospital, office, treatment center, or school.

If the request is for a first-time evaluation, the school district must obtain your written consent to proceed with the testing, and staff must advise you of the kinds of tests they will use and their purpose. You may either agree or disagree with the request, but you should respond in writing within 10 working days.

Evaluation has two purposes. First, it establishes whether your child has a disability and needs special education and related services. Second, if your child is found eligible, it helps identify the content of his or her individualized education program.

Once the evaluation is completed, you and a group of qualified professionals will review the evaluation data to determine whether your child qualifies as a "child with a disability" under IDEA and needs special education and related services. The school district is required to give you a copy of the evaluation report. The report must include the documentation the team used to determine your child's eligibility for services.

Some school districts set up a meeting to review evaluation results with you. Others may want to discuss the evaluation results at the IEP planning meeting. If you need time to review your child's evaluation in advance of the IEP meeting, ask for a copy of the evaluation results. You may also ask for a meeting to have someone explain the results to you.

If you have to postpone the IEP meeting for a few days to review the evaluation results, it is worth the extra time to understand the evaluation and to decide if you agree or

disagree with what the evaluation shows. Are you comfortable that the results are accurate? If you do not agree with the results, you may ask for an independent educational evaluation (IEE). (See pages 33–34 for more information.)

Understanding evaluation helps parents become more effective partners in planning their child's individualized education program. Since an IEP or Section 504 plan is developed from areas identified in an evaluation, it is important that evaluation results are accurate. If they are not, the individualized education program that is developed is not likely to meet your child's needs.

Examples of cultural bias in viewing behavior:

1. An American Indian student recoils or becomes angry when a teacher places a hand on his shoulder to assist with class work. The teacher may view the student as having a behavioral problem, but the child may have felt threatened. The teacher did not understand the concept of personal space practiced in the child's culture.

2. A Hispanic child does not make eye contact with the principal during a discipline meeting. The principal may assume the student feels indifferent or intimidated, when he simply has learned at home that maintaining eye contact with an authority figure is disrespectful.

Test givers often interpret information through their own cultural framework. It is important for parents to ask questions about any proposed tests that measure behaviors and to refuse any tests that cannot be demonstrated to be appropriate.

Checklist: Evaluation

Compare the results of the evaluation to what you know about your child. Questions to think about include:

1. **Was the evaluation comprehensive?** In other words, were all areas of concern assessed? While it is important to measure academic progress, an evaluation for a child with an emotional or behavioral disability must also address the need for social, emotional, or behavioral skills training. A child who is passing in classes but has no friends or job skills may be eligible for special education services in these important areas.
2. **Was my child evaluated by more than one person and in more than one environment?** Having more than one person conduct an evaluation increases the likelihood that it will be accurate. Tests are useful, but your child's behavior should also be rated in different settings and compared to the behaviors of other students in those settings.
3. **Does my child need to be evaluated for learning disabilities?** Some children have difficulty learning because of their behaviors. Other children have learning disabilities and misbehave to take the focus off their learning problems. Many children believe being seen as "bad" is better than "dumb." It is important to know whether any learning problems your child has result from a learning disability that may need special attention.

4. **Has my child's mental health diagnosis been considered in the evaluation?** If your child has a recent mental health assessment from a clinical psychologist, psychiatrist, or other mental health professional, it should be included as part of the evaluation. School professionals are not mental health professionals and use different kinds of evaluation to determine what services to provide in school.

   Many children with psychiatric disorders have problems that are not severe enough for them to be eligible for special education and related services. Some of these children, however, still require accommodations that meet their needs in school. Sometimes such accommodations are provided under Section 504 of the Rehabilitation Act.

   If your child has a mental health diagnosis, it should be considered in developing an IEP or Section 504 plan. A diagnosis is based on specific behaviors that are a problem for a child. For instance, attention-deficit hyperactivity disorder (ADHD) is a mental health diagnosis that is based on the presence of specific behaviors. A common ADHD behavior is that the child "often interrupts or intrudes upon others." Since interrupting others has been identified as a problem, instead of simply punishing that child for interrupting, the focus should be on teaching skills for self-control. This instruction can take place as special education or as Section 504 accommodations.

5. **Has the evaluation addressed whether my child needs transition goals to help prepare for life after high school?** Transition planning addresses skills a student needs to be ready for life after high school. *Transition service needs*, written into the IEP by age 14 or earlier, are the skills your child needs to learn in order to pursue his or her life or career goals. For instance, for a ninth grade student planning to become a doctor, placement and support in advanced math or science classes may be the transition service needs. *Transition services*, provided by age 16 or earlier if needed, are the services that will be provided to your child, such as a work experience or an internship.

   Parents are key participants in helping their child to plan for future employment, housing, recreation, higher education, and community living. Will your son or daughter have the skills to go to college or trade school? Have a job? Live independently or with support? Relate well to others? Manage medication or other health care needs? Have friends? If not, what are the most important skills to learn while still in school? These needs become transition goals, and should be written into the IEP.

6. **Did the evaluation address vocational needs?** Vocational skills are a part of transition planning for many youth, especially for those who are not planning to attend college or a postsecondary program right away. Vocational evaluation can help children explore

career choices and decide courses of study. Vocational training may become part of the IEP, if the team determines it is needed.

7. **Did the evaluation show my child's strengths?** Identifying strengths provides balance to an evaluation and forms a foundation for developing a strengths-based program. Since most special education services address what your child cannot do, knowing and using strengths helps keep a focus on talents and skills.

8. **Do I agree with the school about my child's needs?** If not, what can I do? The school must let you know your rights in any disagreement and tell you what steps you can take to resolve the disagreement. The processes for how to work through disagreements are written into federal law and are described in "Resolving Differences," pages 121–124. However, do not hesitate to ask your child's teacher or principal about the best way to work on a problem.

9. **How will the evaluation results be used if my child is not eligible for special education and related services?** If your child is not eligible, ask how teachers will use the evaluation results to adjust your child's curriculum or instruction. If your child has a diagnosis but does not qualify for special education services, does he or she need accommodations under Section 504?

10. **Did my child's culture have an effect on test results?** How do you know? It is not uncommon for some kinds of tests to discriminate against children whose culture does not value the areas being tested in the same way as the majority culture.

Functional behavioral assessment

Sometimes, even after an evaluation has been completed, parents and schools still have questions about *why* specific behaviors occur. Your child may be receiving services but not improving, or the evaluation may not have provided enough information to know how to help. If this is true for you, an important part of the information-gathering process is a specific kind of assessment called a *functional behavioral assessment*.

Collecting data on how, where, and under what circumstances specific behaviors occur can help teachers understand what to do about the behaviors.

Teachers are expert at gathering information about *how often* a specific behavior occurs. Many, however, cannot tell you *why* the behavior occurred. The behaviors of children are complex, and collecting data on how, where, and under what circumstances specific behaviors occur can help teachers understand what to do about the behaviors.

If the team understands what events lead to a specific behavior, the school may be able to make changes in curriculum, seating, teaching strategies, or interventions to prevent the behavior or reduce its frequency. If your child has problem behaviors that have not improved over time, this kind of assessment can help the team identify specific strategies to teach behavior skills.

Most functional behavior assessments follow a series of similar steps:

1. **Identify the behavior that the team agrees must change**, such as violence, physical aggression, theft, or threats. Focus on just one or two behaviors at first.

   Will the problem behavior change with instruction, or is it part of a child's disability that is probably not going to be modified, such as vocal tics (making noise) for a child with Tourette syndrome? What will happen if the behavior does not change? Can it be ignored?

   Decide who will observe the behavior. The observer must be impartial. Often the person who collects behavior data is the school psychologist or social worker. Ask whether the person observing your child has experience in functional assessment. At times, a behavior specialist may be brought in to observe a child when the reasons a child becomes upset or angry are difficult for school staff to identify.

2. **Collect data on the behavior.** Where does the problem behavior happen most often? Is it more likely to be seen at a particular time of day or in a particular classroom? It is important to interview the child when trying to determine the cause of a particular behavior. What is he or she trying to "get" by using the behavior? A functional behavioral assessment includes three specific evaluation areas:

   - the target behavior

- what is happening before the target behavior occurs
- what happens as a consequence of the behavior

This is where it can be useful to understand the behavioral ABCs, developed by B.F. Skinner:

Antecedent: What happens *before* a child misbehaves. Is the work too easy? Too hard? Did the child forget to take medication? Where was the child in relation to the teacher when the problem behavior occurred? Was the teacher beginning a new task? Was a new student in the room? Were other children around? Was the classroom unusually busy? What academic activity was in progress?

Behavior: What exactly did the child do? What was the specific behavior? Describe in detail: If a child is "aggressive," do you know what that means? Did she hit another child, interrupt a game, or threaten a student?

Consequence: What happened as a result of the behavior? Understanding the consequences helps the team to determine the *function* of the behavior. Did the child receive a reprimand? Attention? Did the other children laugh? What did the teacher do? Was the consequence seen as positive or negative by the child?

3. Decide on a possible cause for the behavior. After collecting the data, the team will develop a *hypothesis* about the cause of the behavior. A hypothesis is a best guess, based on the

Inappropriate behaviors are often habits that have become a normal way of life for a child. Teaching new behaviors takes a long time and may call for different interventions to reinforce new skills.

collected data. One might think of *formulating a hypothesis* as being similar to solving a mystery. First, gather as many clues as possible. Then make a guess about what might have happened, based on the clues you gathered. That is the hypothesis. The team is making a guess, based on data, about why your child behaves as he or she does.

4. Develop an intervention. An intervention is what you or others will do to help your child learn to manage his or her own behaviors. Interventions will be selected by the IEP team to improve or correct a behavior. Interventions might include such things as:
   - planned rewards (reinforcement) for appropriate behaviors
   - modifications in the environment (change the setting, provide alternative work, establish routines, alter classroom lighting, reduce noise or clutter, etc.)
   - a specific consequence when the target behavior occurs
   - specific instruction (problem solving, conflict resolution, etc.)
5. Collect data on the intervention. If a child's behavior improves using the team's plan, the hypothesis is assumed correct. If the behavior does not improve, the team may choose a different intervention. Inappropriate behaviors are often habits that have become a normal way of life for a child. Teaching new behaviors

takes a long time and may call for different interventions to reinforce new skills.

Characteristics that may influence behavior

How a child interacts with his or her environment is rarely simple. Anxious children in stressful settings have more problems than secure children in supportive settings. Evaluating how environments affect behavior is part of determining why a problem behavior occurs and how it is reinforced. Often simple changes in environment, teaching style, or curriculum promote positive behavior change.

Different children respond differently in the same environments.

Different children respond differently in the same environments. One child may thrive in a colorful, noisy classroom, while another finds the same classroom chaotic, loud, or disruptive. If the stresses in a particular child's school life are identified through a functional behavior assessment, changing the stress factors may improve behavior.

The following are examples of factors that affect behavior that may be identified through a functional behavior assessment. Some can be addressed at school, while others require a close working relationship with the family. Factors include:

Characteristics in the environment

— size and structure of the classroom

— number of students

— transitions (switching from one task to another)

— curriculum (too hard, too easy, not interesting to student, not presented in format appropriate to learning style, etc.)

— change at school (new student, change in schedule, new desk location, new bus driver, substitute teacher, etc.)

— change at home (change in family structure, move to a new home, new baby, experiencing or viewing violence, etc.)

— differences between teaching and learning style

— teasing by other students, or the general quality of peer relationships

— not enough structure in environments such as gym, recess, or hallways

— relationships and history with others

Children can perceive the consequences of their behaviors as positive

The consequences for inappropriate behavior are always instructive—that is, your child learns something from them. However, sometimes adults don't pay enough attention to exactly what the child learns from each consequence.

Any time a child perceives the consequences for a specific behavior (including misbehavior) as being positive, it increases the likelihood that the behavior will happen again.

If Billy is suspended for swearing (behavior), and if Billy's intent is to be suspended (consequence) because he has not studied, Billy will likely use swearing again to get suspended.

In this case, suspension is what Billy wants, and now he has learned how to make it happen. Suspension, then, becomes a positive consequence for Billy, not the negative consequence it was intended to be.

Characteristics of the child

- a health or mental health diagnosis, and related behaviors (impulsivity, anxiety, perseveration, etc.)
- a normal phase of a specific disorder
- medication "valleys" (medicine is low between doses or not well managed)
- self-concept, motivation, and past experiences of the child
- disease, illness, abuse, or neglect

Independent educational evaluation

When the data is discussed at the evaluation summary meeting or IEP meeting, you must decide whether you agree with the evaluation results. You may request that the school district do more tests if you still have unanswered questions. If you disagree with the evaluation, you may request that the school district provide an *independent educational evaluation* (IEE) for your child.

An independent educational evaluation is completed by someone who does not work for the district. If you disagree with the evaluation completed by the school district and are asking the district to provide an IEE at no cost to you, mail your request to your school district office and to the director of special education. The district then has two options. It must either:

1. provide an IEE at no cost to you, or
2. initiate a due process hearing to show its assessment

You may, of course, obtain an independent educational evaluation at your own expense. If you do this and it meets your school's standards for evaluation, the results must be considered by the team in developing your child's IEP.

The Individualized Education Program

The individualized education program (IEP) is a written document required for every child with a disability who receives special education and related services. This includes children who receive services in shelter care, correctional settings, home-based programs, residential treatment centers, or public school settings. The individualized education program includes a summary of the evaluation results, including information you provided about your child. This information is summarized in a section called *present levels of educational performance.*

The present levels of educational performance describe how your child is currently performing in a number of

areas. Annual goals and short-term objectives or benchmarks will be developed from these statements.

The *goals* state how much progress your child is expected to make in one year. Short-term *instructional objectives* generally break down the skill described in a goal into smaller components that can be taught. *Benchmarks* establish performance levels that are checked periodically to measure your child's progress. IEP teams may use either benchmarks or objectives, or both, depending on a child's needs.

The individualized education program must be:

- written once per year and reviewed at least once per year
- developed by a team of people, including parents and, when appropriate, the student
- developed at an IEP planning conference

Many children and youth with emotional and behavioral disorders have skill deficits in other areas. Your child may need instruction in academic, behavior, social, and transition skills, or other skill areas that are important to his or her future. The goals and objectives in the IEP will describe the services to be provided by the school to help your child make progress in learning areas identified in the evaluation.

IEP planning meeting

After the evaluation is completed, a group of qualified professionals and the parents will go over the results of all the testing. If the group agrees that your child does

not qualify for special education and related services, the school district must tell you in writing how the decision was reached. You have the right to disagree with this decision if you believe your child needs services.

If your child's evaluation shows that he or she needs special education and related services, you will be asked to help develop an individualized education program for your child. The people who develop the individualized education program may be known as an IEP team, a Planning Team, a multidisciplinary team, or by another name. IEP team members must include:

- the parents of the child
- a regular education teacher of the child
- a special education teacher or provider of the child
- someone to interpret the evaluation results
- a school representative who is qualified to provide or supervise special education and who is knowledgeable about the general curriculum and the resources of the district
- the child, when appropriate. Your child must be invited if a purpose of the meeting is to discuss transition needs or services.

The school may also invite any agency likely to be responsible for providing or paying for transition services. Both you and the school may invite anyone with expertise or knowledge about your child. You may decide for yourself if the person you invite has expertise.

Checklist: Conference planning

If you are not able to go to the IEP planning meeting at the time it is scheduled, it must be rescheduled at your request. This is your child's meeting, and you need to be there. You are an expert concerning your child! These are a few specific questions to consider in advance to help the IEP conference go well:

1. **Have I reviewed the evaluation results and written down my concerns?** Evaluation results can be confusing, especially when they are provided

What should be included in an IEP?

The IEP includes all the services a child is to receive during a school year to meet his or her needs. It will contain:

- your child's present levels of educational performance (how your child is doing at the time of testing), and how the disability affects being in the regular classroom and doing the same work as other children.
- measurable annual goals and short-term objectives to meet the goals.
- a statement of the special education and related services and supports that will be provided so that your child can meet his or her IEP goals, progress in the general curriculum, and learn with children who do not have disabilities.
- how much time your child will not participate with children who do not have disabilities in classes or school activities.
- any modifications or accommodations needed so your child can participate in district or state assessments, or what alternate assessments will be used if your child cannot participate in the regular assessments.
- when the services will start, how often they will be provided, where they will be provided, and for how long.
- how your child's progress will be measured, and how you will be informed of progress.

If your child is 14 or older, the IEP must also address transition needs. The school team will identify your child's transition needs by age 14, and by age 16 or earlier, your child will be provided transition services in any area of need.

You are an expert concerning your child.

as graphs or diagrams, rather than in words. Even when they are written, though, they can be difficult to understand. You may ask for a written summary of the results and read it carefully before the planning meeting takes place. If the evaluation summary is not available before your IEP meeting is scheduled, you may have the IEP meeting postponed until you have had a chance to review the evaluation results.

2. **Do I have copies of medical or psychological reports I want to share with the school?** Parents often have evaluations from pediatricians, medical doctors or mental health professionals. You are not required to share this information, but much of it will be useful in helping to plan the school program. You may choose whether or not to share your assessment data.

3. **Do I know who will be attending the meeting?** The school district must give you written notice about the IEP meeting and tell you who is planning to attend. You may bring anyone of your choice to the meeting. You should let the teacher or principal know if you will be bringing a friend, family member, or outside professional with you, just to be sure that the room is large enough and there will be enough chairs available.

4. **Have I written down what I would like my child to learn?** It is easy to be overwhelmed in meetings where professionals are discussing your child's problems. Writing down what you want for your child can help you to be prepared for the discussion. Your priorities are important and must be considered!

IEP team considerations

When the IEP team meets, there are a number of considerations they must discuss with you:

- your child's strengths, and your concerns for enhancing his or her education
- the results of the initial or the most recent evaluation
- as appropriate, the results of your child's performance on statewide or districtwide assessments

Among a group of *special factors* that the IEP team must also consider, several have importance for children with emotional or behavioral disabilities:

- For a child whose behavior interferes with his or her learning or the learning of others, the IEP team must consider the use of strategies, including positive behavior interventions, strategies, and supports to address the behavior.
- If a child has limited English proficiency, the team must consider the language needs of the child as they relate to the child's IEP.
- The team must consider whether a child needs an assistive technology device or service. If your child needs a specific device or services, the IEP team must put a statement to that effect in the IEP.

Your child does not need to have severe problems to receive positive behavior interventions. If inattention or off-task behaviors interfere with learning, you should ask that the team develop positive interventions for your child.

Content of the IEP

The individualized education program will include all services your child is to receive during a school year to meet his or her needs. An IEP must include statements of:

- present levels of educational performance, including how your child's disability affects participation in the general curriculum (the curriculum used by all students), or for preschool age children how the disability affects participation in appropriate activities;
- measurable annual goals and short-term instructional objectives or benchmarks to meet your child's needs so that he or she can make progress in the general curriculum, and to meet other educational needs;
- special education, related services, and other services to be provided to your child, and any needed program modifications or supports for school personnel so that your child can:
    1. advance appropriately toward meeting the annual goals
    2. progress in the general curriculum and participate in other student activities such as athletics or clubs with all children
    3. participate with children who do and do not have disabilities in all activities of the school
- how much time, if any, your child will *not* be with children who do not have disabilities in the regular class and activities;
- any modifications in statewide or districtwide assessments; if your child will not participate in a

particular assessment, why not and what alternative assessment will be used;

- the date services begin and their frequency, location, and duration;
- how progress in his or her classes will be measured, and how often parents will be notified (at least as often as parents receive information about their children who do not have disabilities) about whether the child is making progress toward the annual goals in the IEP, and if progress is sufficient to meet the goals by the end of the year;
- by age 14, a statement of transition service *needs* that focuses on courses of study; and by age 16, a statement of transition *services* that are needed; and
- at least one year before reaching the age of majority (if your state transfers educational planning rights at majority) the IEP must contain a statement that the child has been informed of the rights that will transfer at majority.

Present levels of educational performance

The present levels of educational performance section of the IEP lists your child's current strengths and needs. The statements should be written to help you understand your child's needs. All of the areas evaluated will have present levels of performance statements, which are written comments about your child's performance during the evaluation.

Are the results of evaluation valid? Do you believe it describes your child's skills? What are the problem areas, if any? From the present levels of performance statements, the team will develop goals and objectives.

Words like *off-task, disruptive,* or *disrespectful* are sometimes used in present levels of performance statements. Since these words have different meanings to different people, be sure that the present levels of performance section of the IEP clearly describes the behaviors the team is concerned about.

Ask to have terms explained if you do not understand them. Terms like *grade equivalent, standard score,* or *discrepancy* are unfamiliar to many parents. Since the IEP or Section 504 plan is developed from evaluation results, it is important that your questions be answered in a way that makes sense to you.

Performance statements need to focus on specifics

Instead of "Billy is disruptive," statements from the present levels of educational performance on an IEP must provide more specific information.

For example: "Billy is out of his seat an average of 6 times per class, compared to a classroom average of .75, or less than once per hour. The greatest frequency (9 times) occurs during math and geography, the lowest (2 times) during art.

"When he is out of his seat, Billy tries to engage other children in conversation. If ignored, he pokes at or touches them or their belongings.

"During one observation, Billy was asked by another student to return to his seat, and he responded by throwing that student's papers onto the floor."

From this statement of present levels of performance, one potential IEP goal would be for Billy to increase his ability to attend to classroom tasks, with objectives focusing on improving in-seat time.

Developing an intervention plan

The Billy example just discussed answers several questions, but poses even more. Look at Billy's behavior when he is out of his seat. What do we know about Billy? Is he restless, overactive, disobedient — or just bored? It is not possible to know why Billy is out of his seat from the paragraph information, but even with the limited information, there are a number of *hypotheses* (possible reasons) that could be made about Billy's behavior.

These are just a few:

Behavior:

Billy pokes at other kids when they ignore him. He tries to engage them in conversation.

Hypotheses:

- Billy does not know how to make friends.
- Billy wants attention (from the teacher or students).

Behavior:

Billy has a hard time staying in his seat during math and geography.

Hypotheses:

- Math and geography are too hard, or too easy, or boring.
- Billy does not understand the directions.
- Billy has a reading problem.

- There are too many problems on a page; not enough white spaces.
- Billy is hyperactive and needs an occasional break.

Behavior:

Billy spends more time in his seat during art.

Hypotheses:

- Billy likes art.
- Billy enjoys hands-on activities.
- Billy needs to move around, and art provides an opportunity.

Behavior:

Billy becomes angry easily.

Hypotheses:

- Billy does not have good problem-solving skills.
- Billy does not know how to control his anger.
- Billy is easily frustrated.

Why a child is out of an assigned seat in class varies from child to child, and each possible reason (hypothesis) may lead to a different intervention.

Following are some possible interventions for Billy, depending on his needs:

- Teach the Stop, Relax, and Think strategy for problem solving. (See page 95.)
- Role-play social situations with other children.

- Provide positive attention.
- Build a planned break into academic classes, especially if Billy earns the break by extending the time he can remain in his seat. Recognize *progress towards* a behavioral goal, not just its achievement.
- Use different books at the appropriate level for learning.
- Use hands-on learning (relief maps, group projects, chips for counting, an abacus, etc.) for math and geography.
- Incorporate art into teaching math and geography concepts.
- Consider more testing in academic areas.
- Use special art projects as "earned time" for in-seat behavior.

Checklist: IEP

For a child whose behavior is disruptive of his or her learning or that of others, the IEP team is required to consider "the use of strategies, including positive behavior interventions, strategies, and supports to address the behavior of concern."

The IEP team should be looking for positive ways to help your child to learn good behavior as well as academic skills. An IEP should help improve your child's skills to help prepare him or her for life after high school. The following questions are provided as a checklist for you to consider when developing an IEP for your child.

A positive behavior intervention plan lists the steps taken to help your child to learn new behavior skills. Parents must be careful to examine any plan that addresses their child's behavior needs to be sure that it is not a "discipline plan" that outlines only what will happen to the child if he or she breaks a school rule.

1. **What are my child's needs?** This is the first question that should be asked at the IEP planning meeting, and the list of needs should be written down before proceeding with the meeting. Each IEP contains present levels of educational performance that describe your child's strengths and needs in academic, social, behavioral, or other areas.

   For students with emotional or behavioral disorders, goals will be designed to help them learn behavior skills so they can participate in regular academic and social activities. They may also have academic, social, or transition goals.

2. **What kind of services will be provided to meet my child's needs?** What kinds of specialists (counselor, psychologist, teacher, social worker, nursing services, rehabilitation counselor, crisis team, etc.) will provide the services? Special education staff may provide services to your child or to teachers and others who will be working with your child. They may teach others how to modify curriculum or to manage behaviors. Questions to ask about services include:

   - How much special education instruction will be provided by the teacher or related services staff? Is the instruction one-on-one, in a small group, or in a regular classroom? How was the decision made and how will effectiveness be evaluated?
   - Will my child need an aide? If a "pupil support assistant" or aide is provided, is the person assigned to the classroom or just to my child?

If a crisis arises, what is the role of the aide? Does this person have training in behavior interventions and crisis intervention? If not, who will provide the training if it is needed? If services are delivered in a regular classroom, how many other students in each classroom will also need the help of the assistant?

- How large is a "small group" for my child? Does the number of other students affect how much time my child is given by the teacher? This is an important question when services are provided in a small group setting. Such groups may range from two to fifteen children, depending on the service provided and the ages of the children. If your child needs lots of individual help, the size of the small group will be very important and should be included in the IEP.

3. Where will services be provided? Locations may include a regular school; a separate school or

"Plan B" in IEP keeps youth in school

Ken, 13, has schizophrenia. He also has what his aunt calls "behavioral valleys" —times when his illness causes him to act more disruptive than usual.

His IEP allows Ken, during those periods, to suspend his regular educational program in favor of using a small room attached to the library. There he spends time in a quieter environment with his behavioral aide, or goes for a walk in the park.

This accommodation to his special education program helps him to maintain behavioral control. Without "Plan B" written into the program, Ken might be suspended from school for his failure to succeed in his normal learning program.

treatment program, an alternative school, a pre-school, part-time placement in a special education classroom, a homeschool program, a vocational program in the community, a trade school or college, or any other facility where your child may be placed for care or education.

4. **Is the length of my child's educational day the same as for children who do not have disabilities?** Your child is entitled to the same length of school day as is offered to children who do not have disabilities, unless you agree that because of your child's needs, a longer or shorter program is required. Transportation issues may not be used as a reason to shorten or lengthen a child's school day.

5. **What other settings were considered and why were they rejected?** Has the team placed your child in a regular school program? If not, why not? Has the team considered whether your child's needs can be met in the regular classroom? If you agree that the regular classroom is not appropriate, do you also agree that the proposed placement meets your child's needs? How much special education service will your child receive in the proposed program?

6. **How many other children will be in the setting that is recommended?** What are their ages and abilities? Your child needs good models for academic skill development as well as models to promote behavioral improvement. Do other children in the program perform at the same academic level? Parents need to be sure that any behavior program is balanced with opportunity to meet state standards in academic skills so that their child will earn the credits needed for graduation.

7. **Does my child need positive behavior interventions to be in the regular classroom or school program?** A *discipline plan* lists the steps that will be taken to deal with misbehaviors, such as time-out, removal from class, suspension, etc., usually in order from the least to the most restrictive consequence. A *positive behavior intervention plan* is focused on helping a child before he or she has a problem.
8. **If my child is in a special education setting for most of the school day, how much time will he or she spend with children who do not have disabilities?** Where will this take place (lunch, math, regular classroom, bus, etc.)? Why can your child's needs *not* be accommodated in the regular setting?
9. **What support services will be provided in the regular classroom for my child to be successful?** How will the regular education teachers know about the IEP? If your child is likely to have behavior issues in regular settings, it will be important to develop accommodations in those settings. Accommodations might include a positive behavior intervention plan, modified curriculum, classroom aide or child-specific aide, computer for work completion, peer tutoring, or any modifications the team believes are necessary.
10. **What does my child think of the proposed services?** Some children will agree to go to a special setting or special school to receive services, while others will refuse. It is important to include children, especially adolescents, in helping to make

decisions about their individualized education programs, and to include them, whenever possible, in planning meetings.

Children are often not consulted about their school programs, yet an unwilling student can sabotage the best designed program. Even if the team decides not to accept all the changes proposed by a child, that child should be encouraged to continue to participate in discussions affecting his or her life.

11. **Does my child need assistive technology to complete homework and be successful in school?** *Assistive technology* is any kind of device, such as a computer for homework or note-taking, that helps a child to benefit from the education program. Assistive technology can be written into the IEP as special education, as a related service, or as an accommodation to help a child to succeed in the regular setting.

Assistive technology *is any kind of device, such as a computer for homework or notetaking, that helps a child to benefit from the education program.*

12. **Will my child need an extended school year (ESY) program?** Extended school year is not the same as summer school, which is permissive (the school district may choose to provide or not to provide summer school). Instead, extended school year is a special education service provided to children through the IEP.

    If the IEP team believes your child will lose some of his or her new social, behavioral, or academic skills over the summer and will relearn those skills at a slower rate than other students, the team may include an extended school year program as part of the IEP. It may also provide ESY services if your child's rate of learning is slower than expected and

he or she will need continuous instruction to make appropriate progress.

13. **What related services will be needed to help my child to achieve his or her educational goals?** *Related services* include speech pathology and audiology, psychological services, physical and occupational therapy, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services in school, parent counseling and training, or other services the team determines to be appropriate.

Examples of related services

Be sure that the person working with your child has expertise in the developmental needs of children, and experience in working with the kinds of problems your child is having.

Related services for a child with an emotional or behavioral disorder include psychological services; individual, group and family counseling; or parent counseling and training about the child's disability and how to support educational goals.

Not all students with emotional or behavioral disorders need psychological counseling or mental health services. However, many children who need mental health services to succeed in school do not receive the services they need, *even though those services may be required* under IDEA. Several important related services to know about include psychological services, social work services in school, counseling services, parent counseling and training, and medical services.

Psychological services that a school must provide are:

- administering psychological and educational tests and other assessment procedures and interpreting assessment results
- obtaining, integrating, and interpreting information about child behavior and conditions relating to learning
- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations
- planning and maintaining a program of psychological services, including psychological counseling for children and parents

Social work services in schools include:

- preparing a social or developmental history on a child with a disability
- group and individual counseling with the child and family
- working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school
- mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program
- assisting in developing positive behavioral intervention strategies

Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Psychological or social work services may be provided by school personnel or through an *interagency agreement* with outside agencies that work in partnership with schools. If your child needs individual, group, or family counseling in order to benefit from a special education program, it must be included as a related service in the IEP. Counseling can be provided as part of the student's normal school day in school or at a community-based facility. This depends on your child's needs and the needs of your family.

If your child needs individual, group, or family counseling in order to benefit from a special education program, it must be included as a related service in the IEP.

If your district has developed an *interagency agreement* (agencies working together to provide services), your child's IEP may be included in a broader plan with a different name, such as an Interagency Plan of Care, Coordinated Care plan, or other similar title.

In these plans, it is very important to understand which services the school will provide. Only IEP services are guaranteed under the Individuals with Disabilities Education Act. If services are directly related to educational progress, they *must* be written into the IEP if schools are to be legally responsible for them.

Parent counseling and training means:

- assisting parents in understanding the special needs of their child
- providing parents with information about child development

- helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP

Medical services means services provided by a licensed physician to determine a child's medically related disability that results in a need for special education and related services.

Schools are not responsible for providing medical services by a licensed physician other than for diagnostic purposes. *Psychotherapy* is one of the services that may fit within the IDEA definitions of counseling services or psychological services, especially if it is provided by nonmedical professionals.

The failure to consider whether a child needs mental health services to benefit from an educational program is a problem of national significance.

Some courts have said that psychotherapy, when provided by a psychiatrist (who is a physician), falls within the medical exclusion clause and cannot be considered as a related service. Other courts have held that psychotherapy is not a medical service simply because it is provided by a psychiatrist. It is the nature and purpose of a service that must be considered, not simply whether the person providing the service happens to be a licensed physician. If psychotherapy could be provided only by a licensed physician, then it would be considered a medical service that is not the responsibility of the public school system.

The failure to consider whether a child needs mental health services to benefit from an educational program is a problem of national significance. The topic of related services simply does not come up at many IEP meetings for children with emotional or behavioral disorders. In

part, this may relate to the argument about whether services are medical or educational in nature. In part, it may also relate to the cost to the schools in providing such services. If you believe that your child needs mental health services, you must request that the need for such services be considered at the IEP meeting.

Only when mental health needs interfere with your child's success in school does the school assumes responsibility for providing those services. If your child is not making appropriate educational progress, request evaluation to determine whether your child needs counseling or therapy. Your child's private therapist or counselor may also have information that indicates your child needs this kind of service to benefit from education. If so, it would be wise to share the information with school professionals.

Transportation

If your child is often unable to ride the regular school bus because of behavior, special transportation should be provided and listed on the IEP as a related service.

Transportation can have a significant effect on a child's entire school day. If the bus ride is chaotic or stressful, a child may arrive at school angry or anxious, which affects the student's ability to have a successful school experience.

Transportation includes:

- travel to and from schools and between schools
- travel in and around school buildings
- specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability

For children who have a difficult time controlling impulsive behaviors, who have problems with anxiety or fears, who may be teased by others, or who are easily provoked to anger, transportation presents a special set of challenges. You and other members of the IEP planning team should discuss whether transportation needs to be included on your child's IEP as a related service.

In Minnesota, a student's home school district is responsible for transportation to "care and treatment" programs, including day treatment or chemical dependency programs.

If your child cannot attend school because he or she has been suspended from the school bus for misbehaviors that result from disability, then suspensions from the bus should be considered as suspensions from school. This means that if your child is unable to attend school because there is no transportation, the district has in effect suspended him or her from school.

Under federal law, removal from school for more than ten consecutive school days in a school year constitutes a "significant change in placement" and triggers the procedural safeguards of IDEA. This is also true of a series of removals that add up to more than ten school days and that constitute a "pattern" that may result in a change in placement. Bus suspensions must also be considered in such removals if your child is otherwise unable to attend school.

Checklist: Transportation

Questions to consider about transportation include:

1. Will special transportation be necessary? Why or why not? Even though your child may be physically able to climb aboard a regular bus for the ride to school, if the noise or disruption of the ride

leads to negative behaviors, he or she may need special transportation. This is true whether your child is receiving special education services under IDEA or accommodations under Section 504.

2. **How long is the bus ride?** If your child rides a special bus, how does the ride length compare with the time for children who do not have a disability? Is the length of time reasonable, given your child's needs, and comparable to that of children who do not have disabilities?

3. **How will discipline be handled on the bus?** Is the plan appropriate? Sometimes the only conditions under which a child may safely ride the regular bus is if he or she has an assigned seat or if another adult is present. Some children may need specialized transportation if ongoing discipline issues result in the child being repeatedly suspended.

4. **Who will transport my child to and from school if he or she is suspended from the bus?** If your child's bus suspension results in a school absence because you are unable to get your child to school, the effect on the child is to deny access to his or her special education program. This must be treated as a suspension from school.

   While many parents choose to drive their child or adolescent to school during bus suspensions, others are unable to do so because of conflicting work or family schedules or because the family does not have access to a vehicle. Other forms of transportation need to be provided if the child is frequently suspended from the bus. These include city buses, taxi service, or family members who have agreed to

transport their child and receive reimbursement.

5. **Who is the primary contact person if bus problems arise?** The school district has ultimate responsibility for transporting your child to and from school. If you have talked with your transportation department and are not satisfied with your discussions, you may take your transportation concern to your special education director or superintendent for resolution.

   Since many states and communities now have interagency agreements to serve children with emotional or behavioral disorders, it is important to establish, in writing, which agency is responsible for transportation. New models of interagency collaboration have blurred the lines of responsibility, especially since agencies tend to have separate policies regarding transportation services.

If education is among the agencies collaboratively agreeing to a placement to meet the child's educational needs, then the school district is generally responsible for transportation, unless another agency has agreed to provide the service. This needs to be discussed in advance, so that suspensions from transportation do not affect placement in day treatment or another therapeutic program. Many of these programs require consistent attendance in order to maintain the placement, and a student who does not attend regularly because of transportation issues may be dropped from the program.

Because transportation rules vary from state to state as well as between agencies, it is advisable to contact your state's Parent Training and Information (PTI) center for additional information. A listing of PTI centers is in the

appendix of this book. (See pages 136–151.) If you cannot locate the current PTI in your state, call the Technical Assistance Alliance of PACER Center at 1-888-248-0822, or visit the web site at *www.taalliance.org* for the current listing.

School Rules and Policies

Louis Brandeis, the late U.S. Supreme Court Justice, once wrote: "Few laws are of universal application. It is often the nature of our law that it has not dealt with man in general, but with him in relationships."

What Justice Brandeis recognized was that behaviors do not occur in a vacuum but are dependent on events in the environment. In the "real world," before judgment is passed on any person who commits an offense, the justice system will consider why the behavior occurred. People who commit similar offenses, then, may receive different consequences, depending on the circumstances of the event. Is community safety endangered? Was the

act willful? Was it an accident? Self-defense? The consequence depends on the needs of the community and the person involved in the offense, the level of understanding of the offense, and how likely the intervention will be to achieve the desired results.

School discipline policies

In general, children with disabilities are expected to follow the same discipline policies as any other child, unless the IEP states otherwise. Most parents want their child to follow existing school policies but find that the consequences for noncompliance are often unreasonably harsh or not instructive. Relationship between parents and schools can be especially strained when school policies result in frequent exclusions from school. The subject of discipline must be carefully considered to ensure that your child is held accountable for behaviors but not subjected to discrimination.

Punishing a child for behaviors that are part of a mental illness or emotional disorder is not unlike punishing a child with learning disabilities for being unable to read.

Children may be removed or suspended for impulsive, disorganized, or argumentative behaviors. Yet the child who has not developed the skills to control anger will not learn those skills through frequent removals from the classroom or the school. Suspension may even be preferable to being in school for some children. Likewise, failing a child who has met the credit requirements but exceeded the absence policy will not help the child who is depressed to develop better attendance, and may have the opposite effect. Punishing a child for behaviors that are part of a mental illness or emotional disorder is not unlike punishing a child with learning disabilities for being unable to read. It also may constitute discrimination.

Discipline plan can provide reasonable consequences

An alternative discipline plan should be written if the IEP team agrees that your child cannot adhere to the regular school rules without modification.

A discipline plan can spell out a process to follow when a student has violated the regular discipline policies. It can be different from the process used for other students within a building.

A discipline plan based on your child's needs provides reasonable consequences for inappropriate behavior. It is an important addition to the IEP for students with mental illnesses or emotional disorders who find it impossible to meet standard school discipline expectations.

It is important that children understand they may lose privileges or have other restrictions placed upon their behavior for the things they do. Whether suspension or other specific punishments are appropriate consequences should be discussed in advance by the IEP or Section 504 team. Changes in the discipline policies must be written into your child's program. If your child has a mental health diagnosis, you will want to use this information to help the team to better understand your child's needs.

When schools have discipline policies that are based on using positive interventions for all students, research shows that they are more efficient in reducing problem behaviors. When all teachers are skilled in using positive interventions, parents will less likely need to seek exceptions to the policies for their children with emotional or behavioral disorders.

Common discipline practices

Common disciplinary actions at school that are used with all children, and which are generally acceptable, include:

1. **Referral to the principal's office.** Sending a child to the principal's office is a common practice used both for students who have disabilities and those who do not. While this is generally an effective practice, if your child is referred frequently or spends long periods of time sitting in the office without instruction, it may not be acceptable.

   Further, the consequence of being sent to the office is ineffective for some children who find entertainment in normal office activities or who prefer the office to their classroom. When frequent, trips to the principal's office may not be effective. If repeated removals have the effect of denying your child's access to education, the IEP team should consider whether they constitute a change in educational placement for your child.

2. **In-school suspension.** In-school suspension (ISS) is used with many children, especially at the secondary level. If not overused, ISS can be effective, since it restricts activities (lunch, access to peers) that are seen as reinforcing for most children.

   If in-school suspension is used frequently or removes your child from the opportunity to receive his or her special education program, or if the ISS room is not staffed by a licensed teacher who can carry out the educational program, then in-school suspension may not be appropriate for your child.

Because in-school suspension models vary widely, if you have a concern that ISS is being overused, the IEP team should consider whether its continued use is appropriate for your child. If your child is not receiving special education and related services as well as the regularly scheduled educational program while in ISS, then ISS must be counted with out-of-school suspension to determine whether your child has been removed from the school program for more than ten school days in a school year.

3. Time-out. Time-out, in which a child is temporarily removed from his or her program for a brief time, is commonly used with all children and regarded as an acceptable management strategy for classroom teachers. Time-out should take place in an unlocked space for short periods of time, and children should never be left unsupervised or unattended.

   When time-out exceeds more than a few minutes at a time, the IEP planning team should consider whether it meets the child's needs. If your child's referrals to time-out increase over time, or if the length of each time-out increases, the intervention should be reconsidered.

   The use of time-out in a seclusion room (where a child is left alone) should always be discussed at the IEP or Section 504 team meeting, and decisions about its use should be recorded on the student's plan. It is especially important to talk about seclusion time-out when your child is referred into a program where it is an accepted part of the program for all students.

When the time-out space is locked, a physician, psychologist, or another expert should participate in making the decision about whether it is an appropriate intervention for your child. Locked time-out is not legal in many states. Locked time-out in a confined area is really an intervention of last resort.

Decisions about time-out and other forms of discipline cannot be bound by the policies of a placement site, but by the needs of your child.

Most parents want their child or adolescent to follow the rules established for all students. It can be difficult to decide which rules a youngster can or cannot follow or what the consequences for not following the rules should be. An important point to consider when making this determination is whether the behaviors that have resulted in repeated time-outs, suspensions, or other negative consequences have decreased as a result of these interventions.

Child's fear in time-out spaces may signal problems

For some children, the use of a time-out room is a therapeutic intervention, approved by their parents and the professionals who know them well. For others, time-out in a seclusion room is a fearful experience.

If you disagree with the use of time-out in an isolation or seclusion room for your child, you may request, in writing, that the school arrange a psychiatric evaluation to ensure that your child is not at risk of harm from this use of time-out. In a number of states, the use of locked time-out spaces in schools is illegal.

Suspensions

Short-term suspensions are one of the most widely used punishments for children with emotional or behavioral disorders. Many suspensions are for nondangerous behaviors. Frequently there is no documentation that less restrictive measures have been tried before suspension. Equally frustrating for parents, suspension denies access to education for children who may have poor academic skills and does not teach the child how to improve behaviors. Worse, it may actually be a more positive experience for some children than remaining in school.

Suspensions may be imposed for a maximum of ten days at a time for behaviors that are not a manifestation of a child's disability.

IDEA regulations permit schools to suspend children for ten school days in a school year without providing services, if they do not provide services to children who do not have disabilities. After the tenth day of removal, though, your child is entitled to receive a *free and appropriate public education* (FAPE) during any suspension.

Suspensions may be imposed for a maximum of ten days at a time for behaviors that are not a manifestation of a child's disability. If you believe that your child's suspension is related to his or her disability, you will want to call an immediate IEP team meeting to have this discussion. Examining the relationship between your child's behavior and his or her disability is called a *manifestation determination review*. It is required when children are subjected to a *change of placement* (removal for more than ten days) for disciplinary reasons. It should be requested by parents whenever the concern arises.

If your child has been suspended for ten school days in a school year, he or she must receive a free and appropriate public education during any future removals. The

services provided during suspension must be sufficient to permit your child to continue to make appropriate progress in the general curriculum and continue toward achieving the goals and objectives in the IEP. The free appropriate public education that is provided must also meet state standards. If your child has significant learning problems or cannot work independently, then sending work home for him or her to complete during suspension will not meet the requirements for a free, appropriate public education.

Checklist: Suspension

Parents with concerns about suspension may want to consider the following questions when developing their child's individualized education program (IEP):

1. What is the purpose of suspension for my child? Because suspension from school often means that one parent has to stay home with the child, it often has more punitive consequences for parents than for children. It may be that suspension provides a cooling-off period for some children by removing them from a stressful situation that could lead to even more severe consequences. For other children, suspension is simply a way of having a vacation from school.
2. Will my child be permitted to complete school work during suspension and turn it in for credit? A major complaint of parents is that their child is not permitted to make up the work that was missed because of a suspension, which results in academic failure when a child is a marginal student

and will not be able to meet credit requirements as a result of suspension. This issue must be resolved by the IEP team if your child has a history of being removed from school. It is not a decision that should be made by individual teachers, but by the IEP planning team, and written into the IEP.

3. **Will in-school suspension be counted with out-of-school suspension in determining if my child has been suspended for ten days?** The frequent use of either in-school or out-of-school suspensions should signal both parents and schools that the school program is not meeting the child's educational needs.

   If your child's school offers in-school suspension with licensed staff, and an opportunity for your child to receive the special education, related services, and accommodations in his or her IEP, then it may be an appropriate alternative to out-of-school suspension for some students.

4. **What are my state's rules concerning how often my child can be suspended or for what length of time?** States often have different rules governing suspensions than the federal law. State law may offer more protections to your child than are offered under IDEA, but it cannot offer less. Families who would like state-specific information regarding suspension policies can contact their Parent Training and Information Center for this information, or their state Department of Education. A listing of parent centers is in the appendix. (See pages 136–151.)

5. **What are the readmission procedures following a suspension at my child's school?** Parents should make every effort to attend readmission meetings for their child, as important changes in the school program may be discussed. However, your child cannot be forced to remain at home if you are not able to attend the readmission hearing. If you do want to attend the readmission but the scheduled time is not convenient, you may want to try to participate by phone.
6. **Will suspensions for my child be based on the regular school policy?** For what behaviors will suspension be used? You will want to convene an IEP meeting following each suspension if it is used excessively or is ineffective in changing the problem behaviors. Have the team evaluate the effectiveness of suspension and examine the adequacy of services during suspensions.

Removals for drugs, weapons, or dangerousness

Three situations allow schools to place students in an *appropriate* interim alternative educational setting (IAES):

1. The child carries a weapon to school or to a school function.
2. The child knowingly possesses or uses illegal drugs or sells or solicits the sale of a controlled substance while at school or a school function.
3. An impartial hearing officer rules at a due process hearing that the child's behavior is too dangerous for the child to remain in the current placement.

Under these three circumstances, the child may be removed from school for the same amount of time that a child without a disability would be subject to discipline, but for no more than 45 calendar days.

In the case of weapons or drugs, the IEP team determines the appropriate interim alternative educational setting.

In the case of dangerousness, the hearing officer decides about the appropriate setting based on district recommendations. The district must initiate a due process hearing to change the placement. The hearing officer may order the child to be placed in an appropriate interim alternative educational setting if the school is able to show by substantial evidence that keeping the child in the current placement is "substantially likely to result in injury to the child or to others." *Substantial evidence* means "beyond a preponderance of the evidence."

Stay-put means that your child may remain in his or her current educational program when you and the school district are trying to resolve disagreements, unless you agree to a change. The three types of removals just discussed, for drugs, weapons, or dangerousness, are *exceptions to stay put*. This means that your child's placement may be temporarily changed, even over your objections, for up to 45 days under the exceptions just described.

Expulsion means that a child is prohibited from attending his or her school for a period determined by the school board. If the school district is considering expulsion for a school-related behavior, the IEP team must first convene to determine whether the behavior is a manifestation of

the child's disability. If the behavior is related to the disability, then the district may not expel the child.

If the team decides that the behavior is unrelated to a child's disability, the district may expel the child the same as any other student, through an expulsion hearing. If you disagree with the results of the manifestation determination review and believe the behavior is related to your child's disability, you may challenge the decision by requesting a *due process hearing.*

Your child will remain in the current school program during the resolution of your disagreement unless he or she has been removed for weapons, drugs, or dangerousness. In these instances, the child will remain in the appropriate interim alternative educational setting (IAES) until either the hearing is completed, or the IAES time limit has expired. (See page 123 for more information on *due process hearings.*)

Minnesota Pupil Fair Dismissal Act

The Minnesota Pupil Fair Dismissal Act permits suspensions for up to ten school days at a time for an incident of misconduct or course of conduct.

Suspensions cannot be consecutively imposed against the same pupil for the same course of conduct or incident of misconduct. A student may be re-suspended, however, if it is determined at the IEP meeting that he or she continues to exhibit behaviors that are dangerous.

Students must be readmitted to school following suspension unless parents and schools agree to an alternative placement, and that change is reflected in the student's individualized education program. Parents must be provided the opportunity to disagree with any proposed change in program or services.

If the school district wants to expel your child for behaviors that are unrelated to his or her disability, it must go through a formal expulsion hearing. You and your child may be represented by an attorney, present testimony, and call witnesses, just as in a trial. If your child is expelled from school, regardless of how long the expulsion is anticipated to last, the district must continue providing appropriate educational services. The services must be sufficient for your child to make appropriate progress in the general curriculum and meet the goals and objectives in the IEP. During expulsion, your child should remain on the same schedule for graduation, including gathering the necessary credits and meeting the state standards required of all students. These services are the responsibility of the child's school district.

Any proposed change of placement in a child's IEP must be presented to parents, who have the right to disagree in writing with the proposal. School staff cannot change the placement of a child over the written objection of the parents without prevailing at a due process hearing.

Expulsion—the ejection of a child from the primary social and learning environment common to all children—represents the most restrictive of all possible alternatives. One of the questions that every parent whose child is recommended for expulsion should ask is whether less restrictive options have been first tried, or considered and rejected. If so, the reasons that less-restrictive environments were rejected should be justified.

Services to children and youth who have been expelled from school may be implemented in a homebound setting, a community-based setting, or another, possibly more restrictive, school program. You have the right to disagree in writing with any proposed changes to the IEP, including any reduction of services that may be recommended during the expulsion.

Considering the need for a more restrictive placement

Many school districts still place children with emotional or behavioral disorders in segregated special education classrooms to provide instruction. While it is possible that a structured setting is the only place where a child can function successfully, such restrictive placements are appropriate only when a child's needs require the setting.

The Individuals with Disabilities Education Act requires that services must be provided in the child's *least restrictive environment* (LRE). This means that schools must first consider the regular classroom in the regular school as your child's placement. If your child cannot learn in the regular school environment even with appropriate supplemental aids and services, the team may consider a more restrictive setting. Placement in regular education classes may require a behavior support plan, accommodations in the curriculum, assistance from a special education teacher, or other services for your child to be successful.

Suspensions and any other behavioral "consequences" should be considered from the child's perspective so that parents and school staff can reach agreement about what the child is actually learning from the experience.

Some children leave the regular environment to receive specialized instruction for all or a portion of the school day. This may include meetings with a social worker or psychologist or small-group instruction in social skills, academics, or vocational skills.

For others, placement in a specialized environment with a focus on changing behaviors or providing therapeutic services may be the least restrictive environment in which they can experience success.

Parents who have questions about, or who disagree with, the school's proposal to move their child to a more restrictive setting or program should have a meeting to discuss the reasons for the proposed move. Any proposal by the school to place a student in a more restrictive program must have data that support the need for the change. It is important to know what interventions have been used in trying to maintain the student in a regular setting and to know what worked or did not work.

Sometimes you may agree that your child needs more special education services or a more restrictive setting, but are not sure that what the school is recommending is appropriate. Before agreeing to any proposed program, you should arrange to visit the setting, preferably while school is in session. You may talk with the teacher about the program being recommended to learn about the components of the program.

Checklist: Change in educational placement

The following questions may help you to think about whether your child's behaviors indicate the need for different interventions or a change in placement:

1. **What specifically are my child's problem behaviors?** The key to developing interventions is to understand specifically what behaviors are occurring and why. Vague descriptions such as "acting up" or "disrespectful" are not useful statements for developing interventions. Different teachers have different tolerances for the same behaviors; behavior that is disrespectful in one classroom, for instance, may be ignored in another.

If your child is expelled from his or her school setting, the district must still provide the special education and related services that are listed on the IEP. While the school may propose an alternative IEP during the period of expulsion, parents may reject any program that does not meet the instructional needs of their child, and cannot be compelled to accept reduced IEP services.

2. **Has the school staff collected data on my child's behaviors?** How do the behaviors compare to the behaviors of others in the classroom? How do different environments affect the behaviors? Where do major problems occur? If a child is having problems only in one classroom, what is different in that classroom (curriculum, number of students, teaching style, etc.)?
3. **What positive interventions have been used to correct the behavior** (modeling, rewards or incentives, time-outs, modified curriculum, etc.)? What worked? What did not? What else could be tried in the current placement? Ask the school for data that supports what interventions were used and the results.
4. **If I agree to the proposed program, could my child be placed on a trial basis to see whether the placement is helpful?** Children should not stay in programs that do not meet their needs. One of the ways to try out a new program is to write an *interim IEP* for a trial period of several weeks or months. If this is an option for you, be sure that the IEP states the timeline agreed upon for the trial placement. This is to be sure that a trial placement does not become permanent if it is not appropriate for your child.
5. **How often will the IEP team review the effectiveness of any new placement?** Will you be invited to each review? A program may be evaluated whenever parents or professionals think it is necessary.

6. **How long does the average child stay in the proposed placement?** Do most students transfer back to their regular schools? Will your child need a transition plan to return? Does the program have data that shows its success with students?

7. **Are the new program policies appropriate for my child?** For example, a rule stating that a student may be physically "patted down" or searched for suspected drug use may not create a problem for most students. For a child who has been sexually or physically abused, though, that same search could be devastating. If you are considering a transfer of your child to a new setting, it will be useful to obtain a copy of the policies to review. Discuss with the IEP team any rules your child will be unable to meet. Any modifications should be written into the IEP or a discipline plan attached to the IEP.

8. **Is the academic program appropriate for my child?** Will the program use the general curriculum? If not, why not? Does the program serve children with similar academic skills as your child? If not, how will he or she be provided the challenging academic experience that is available in the regular classroom?

9. **Has my child developed special skills, such as sports or band, that are not available in the new setting?** How will those skills be continued in any new setting? Remember, building on strengths creates success! Your child must not be forced to give up important school experiences to receive appropriate services.

10. **Does the new program have the same quarter or trimester schedule as my child's home school?** What will that mean for the transfer of credits to the regular school? Who specifically will be responsible for transferring credits earned the next setting?

11. **What are the vocational opportunities for my high-school student?** What kinds of assessment and training will be provided as part of the program? Is there a work experience program? If there are no existing vocational services in the proposed program, how will vocational needs be met? Sometimes facilities may contract with outside agencies to provide services for an individual student or group of students with similar needs.

12. **What are the criteria for leaving the program once my child enrolls?** Some children are unable to "earn" their way out of a segregated or restrictive special education program, even when they and

Stress for children is often greater at school

As a parent, you may sometimes believe that if your child has problems at school but not at home, the school must be "doing something wrong."

Children are often under greater stress at school than at home and may respond differently than parents expect. Peers, difficult work, poor teacher-child relationships, or noisy classrooms all may contribute to behavior issues at school. However, any severe behavior problems that arise at school but are never a problem at home need to be discussed with the IEP team.

You can be a tremendous resource to schools in identifying techniques for school staff to try with your youngster. You also know what has not worked.

their parents believe they can be successful in a less restrictive setting. Some children simply are not able to meet the criteria to exit the program. That criterion alone is not sufficient to show that they cannot be successful in a more typical environment.

It is important that the IEP team discusses whether an individual child has a reasonable opportunity to be successful in a regular school placement. The IEP team decision, not criteria such as arriving at and maintaining a specific "level" or collecting the right number of "points," will determine whether a student is ready to return to a less restrictive school program.

Day Treatment

Day treatment programs for children with serious emotional disorders (sometimes called partial hospitalization programs when day treatment is provided in a hospital setting) provide an integrated set of education and mental health services.

Day treatment programs include academic instruction as well as individual and group counseling, medication management, family support and other mental health services. Programs for older youth may also provide a vocational component or coordinate vocational services with other agencies.

Traditionally, day treatment programs for children and adolescents have been provided in community mental health or hospital settings. More recently, programs have

focused on bringing mental health services into school environments. This provides children more opportunity for normal educational activities. The focus in such programs includes a balance between the recovery of mental health and continuing educational progress.

Placement in day treatment programs by a child's psychiatrist, counselor, mental health entity, or other nonschool agency for treatment of a mental health problem is not, in general, considered an educational placement. In such instances, schools provide educational services but are not responsible for the mental health services offered in the program—unless they are educationally related. However, if the school places your child in a day treatment program because he or she is not making educational progress, the day treatment program then becomes the child's educational program.

School responsibility for mental health counseling depends not on the location of the program (school or mental health center), but on whether the program is required for the student to make appropriate educational progress.

When multiple agencies, including schools, jointly make decisions regarding an educational placement for a child, the school assumes legal responsibility as the lead placing agency. This means that any disagreements about the program rules or educational services may be resolved using due process procedures of IDEA, including the student's rights to "stay put" in the placement during dispute resolution.

Residential Placement

Your child has a right to receive services in the least restrictive setting in which he or she can be successful. When your child cannot make progress in any of the school's settings, or when those programs cannot be adequately modified to meet your child's needs, the IEP team may consider services in a more restrictive program.

Residential settings are examples of programs where mental health and educational services often have equal importance in a child's day.

When school district personnel make the placement for educational reasons, they are responsible for ensuring

that education, board and lodging, and transportation are provided at no cost to the parent. If nonschool professionals make the placement for mental health reasons alone, the school district is responsible only for the educational services and not for the costs of room and board or medical treatment.

There are several strong and possibly conflicting forces in operation when determining who pays for mental health services. Parents, understandably, can argue that if their child needs intensive therapy in order to learn, then that therapy should qualify as a related service that the school must provide. Or, if the student needs placement in a residential facility in order to progress educationally, then the costs of placement should be the school's responsibility.

Schools may suggest that therapy is not education but medical treatment. They may therefore believe that they should not be required to deliver those services.

When therapy is required for a child to benefit from an educational program, the school district is clearly responsible to provide the service. There is more confusion when the child needs mental health services but it has not been established that the services are education related.

What the courts say

The courts have addressed the issue defining what is an educational placement and what is a medical placement with mixed results.

In *Taylor vs. Honig* (1989), a three-judge panel of the Ninth Circuit Court of Appeals ruled that a California school district had to pay for an out-of-state residential placement for a student. In one judge's words, the student's "social, emotional, medical and educational needs are not severable but are intertwined."

The school district argued that because the placement facility provided medical services, the cost was not an educational responsibility. The appeals court held that because the facility operated as a school as well as a psychiatric hospital, the placement could be considered an educational one.

The Ninth Circuit also upheld the district court's order to examine the possibility of splitting educational and medical costs among state agencies.

A second case, also heard by the Ninth Circuit Court of Appeals, ruled that schools are not responsible for funding if the treatment of children with mental illness is focused on alleviating a psychological problem.

In *Clovis Unified School District vs. California Office of Administrative Hearings* (1990), the court gave its own criteria for determining whether the child's placement was a residential placement or a medical service. The court held that the ultimate purpose of treatment would be the deciding factor in making the determination. If the placement and treatment were for a fundamentally educational problem, they would be covered under IDEA as a residential educational placement and related services. If, however, the placement and treatment were for a fundamentally medical (including psychological) problem, they would be considered medical services.

Because the program chosen by the parents in this case offered six hours of psychotherapy but no educational services, it was a medical placement. Thus, the placement was not a related service under IDEA.

The Clovis court provided helpful reasoning for making the distinction between educational services and medical services. It stated:

> ". . . a student who must be maintained on kidney dialysis certainly cannot physically benefit from education to the extent that such services are necessary to keep him alive. But again, it is not the responsibility of the school district to provide such maintenance care. All medical services are arguably supportive of a handicapped child's education; therefore mere supportiveness is too broad a criteria to be the test for whether a specific service is necessary under the Act to assist a child to benefit from special education."
>
> ". . . the analysis must focus on whether placement may be considered necessary for educational purposes, or whether the placement is a response to medical, social or emotional problems that is necessarily quite apart from the learning process."

A third case, *Manchester School District vs. Charles M.F. and Ellen P.* (D.NH, 1994), addressed the extent to which services may be required when a school fails to provide a free and appropriate public education to a child with an emotional disorder. The student was diagnosed as having Oppositional Defiant Disorder and Conduct Disorder, as well as ADHD. After he became uncontrollable at school, the boy was offered a diagnostic place-

ment for three and a half hours of home tutoring per day, while the IEP team and his parents debated a summer program.

The parents objected, requested a due process hearing, and removed their son from school. They enrolled him in Brattleboro Retreat, an out-of-state school that offered a residential program and had a psychiatric inpatient unit. He was not enrolled in any academic classes during the summer months because he arrived at the facility too late to enroll in the on-campus school.

The district court found that the "diagnostic assessment" program offered by the school district to the student was not appropriate to the student's needs and agreed with the parents that the evidence supported the need for a residential summer program.

The district argued that even if he did need a residential program, the placement in Brattleboro Retreat program was for the provision of psychiatric and psychological care, not education. Secondly, it argued that psychiatric treatment is medical treatment and that "school districts are immune from medical costs for other than diagnostic or evaluative purposes. The district's third contention was that because the student did not attend classes, the summer placement at Brattleboro could not be considered as placement for education and related services.

The court declined to accept the school district's arguments. The determining factor in deciding whether the school district must pay for the costs of the student's stay was the principal purpose for his admission, which was the need for a summer program. The hearing officer

found that the student was eligible for attendance at the Meadows School, the on-campus school of the Brattleboro program, but had arrived too late in the summer to enroll in the school.

Although the student did not attend classes during the summer, Brattleboro worked to improve the social and behavioral skills necessary to make progress when he returned to school in the fall. The efforts of the Retreat were successful, and the student's behavior began to improve in the fall placement at Meadows School.

In addition to the therapy provided by the Brattleboro Retreat, the Meadows School had conducted a summer evaluation so that they could plan a program of services for the fall placement. The hearing officer therefore found that the residential placement at Brattleboro Retreat was appropriate, providing diagnostic, evaluative, and educational services, and the school district was ordered to pay for the summer residential program.

As a practical matter, you should remember that your school district is responsible for educating your child or adolescent. When your child has not made progress in his or her educational program, the school's obligation is to explore alternatives, including additional services, day treatment, or residential treatment, and to provide such programs at no cost to your family.

Checklist: Educational services in residential placement

Not all youngsters who receive mental health services in a residential setting need special education or related services. All, however, are entitled to an appropriate education program.

Attitudes toward providing education services vary widely among residential facilities. Some may try to maintain a student at or near the regular grade placement level while providing intensive mental health services. Others may believe that education is not very important at a time when a child is in crisis and provide only minimal educational services.

Questions you will want to ask about education in a residential facility include:

1. **How much time each day is spent on educational instruction?** Are the teachers appropriately licensed? If your child is receiving special education services, the teacher providing those services must meet state standards.
2. **What subjects are available?** Are the textbooks the same as those used in the regular school placement? Are the content areas similar? If not, why not?
3. **Does my high school student need to earn credits in specific areas for graduation?** Has a discussion taken place with the local school regarding what credits they will and will not accept based on the residential center's curriculum?

4. How will the residential facility obtain a copy of the IEP? Who will be responsible for implementing the IEP? How often will the facility evaluate the educational services and the child's progress? Weekly? Monthly?

Checklist: Returning to school from residential placement

Careful planning is necessary for students returning to their home school after release from a residential placement. Parents need to begin planning the transition well in advance. Questions families will want to consider are:

1. Will my child's reentry into school from residential placement be full-time or part-time? If the facility is close enough to your child's normal school, a transition plan between the two facilities can help to ease the distress of leaving a familiar program for one that may provide less support.
2. Will a staff person from the residential setting attend the IEP meeting to help plan a successful return? Careful planning is critical for youth who will need support in the regular school placement for continued success.
3. Has the facility staff kept a record of credits earned or credit hours accumulated? Will staff at the facility make a written recommendation for a promotion in grade? Have they listed activities in such a way that the school can understand how those activities may translate into credits?

For instance, swimming or camping skills could become a physical education credit. Participation in counseling or other activities may meet a social studies or health requirement. Operating a cash register at a job site may translate into a basic math credit. The residential facility should consult with the local school district as soon as possible after a child has been placed in the facility, to discuss the services required in the IEP.

For high school students, it is important that the school district and the institution agree about how a child will earn credits for work completed in a residential setting.

4. **Who will transfer records from the residential placement to the school setting?** If possible, you may want to hand-carry a copy of the records to the regular school, to avoid unnecessary delays in placement, or in developing a school program.

   As a parent, you have control over the noneducational records of your child's residential placement. You may choose to share your child's psychological records with the school, or you may decide to share only the portion that relates to education. If your child is entering an interagency program where multiple agencies will be providing services, you will want to ask about confidentiality of records and decide which records to release.

   It is possible to release records to a mental health provider and not to the school if you have concerns about confidentiality.

5. **Have home-based services been proposed as an interim placement?** Most children with emotional or behavioral disorders need peer and social relationships that require a school or similar setting. Some children may be offered services at home following a residential placement while the home district seeks an appropriate program.

   This practice is not in the best interest of most children and should not be necessary if the IEP team meets before the release date. A home placement should be limited to no more than several weeks, unless parents, schools, and the child's physician agree that it constitutes the child's least restrictive environment.

6. **What support system does my child need to return to the regular school?** Even for students who are not receiving special education services, having an identified support person available in the regular school when problems occur can be a critical component of a successful transition plan. It is not essential that the support person be one of the child's teachers, as long as the child is comfortable with the person chosen, and that person agrees to provide support and serve as the child's advocate at school.

Accommodations

Because of new IDEA regulations, most children with emotional or behavior disorders will spend at least part of their school day in regular classroom settings. Most will also require some accommodations in the environment, teaching strategies, coursework, or behavior expectations.

The purpose of accommodations is to provide the child with an equal opportunity to succeed when he or she is not otherwise able to meet the regular expectations. If time and encouragement are the missing ingredients to success with the regular curriculum, then time and encouragement become the accommodations that are provided.

Any change in the school program should become part of the IEP. Accommodations may be provided through a child's IEP or Section 504 plan. (Section 504 is described on pages 13–15.)

Parents and other members of the IEP team should consider how a child's emotional or behavioral disorder affects performance during the entire school day and write what accommodations are necessary into the IEP. Some suggestions that parents can share with teachers:

- A child with severe attention or memory problems may not be able to listen to a class lecture and simultaneously take notes. A copy of the teacher's lecture notes or another student's notes, provided without penalty, can serve as a study guide. Or the student or teacher might tape-record lectures or discussions.
- A printed copy of information presented on the blackboard or in filmstrips will ensure that youngsters who have difficulty copying such materials have them available for study.
- A child with an acute anxiety disorder may need special encouragement to come to school. A short-term plan for this student might be to obtain partial class credit just for coming to school. He or she might benefit from a pass or fail grading system rather than the standard system.
- Children with disruptive behaviors may have particular difficulty in the regular education classroom. Simple, clearly written positive behavior interventions should be developed before problems arise.

Accommodations and modifications should create in your child a sense of competence in achieving difficult goals, not a sense of incompetence for substandard expectations.

- Plan in advance which behaviors to correct immediately and which can wait. Ignore less disruptive behaviors. Write the plan down so that everyone is clear about the agreement.
- Teach a problem-solving strategy, such as the Stop, Relax, and Think technique. (See below.)
- Show the child how to keep track of behaviors using a check sheet to mark the frequency of certain behaviors. This helps the child to learn to be responsible for his or her own behavior.
- Have a child keep a discreet behavior chart on a teacher, grading him or her for the day's performance.

Stop, Relax, and Think

1. What is the problem? ("I was in a fight on the bus.")
2. What do I want? ("I'm tired of this kid picking on me on the bus. I want to get even.")
3. What are my choices? ("I could jump him at the park. I could have my friends beat him up. I could tell the principal what happened. I could sit in another seat on the bus. I could ask for a mediation. I could choose not to hit back. I could ignore him.")
4. What are the possible consequences of each choice?
5. What is the best choice? ("I think I'll change my bus seat, and tell the principal.")
6. Prompt the child to use the problem solving strategy:
   - Verbal cues: "This is a good time to think of a plan."
   - Cue cards at school and at home.
   - Hand signals arranged in advance.
7. Evaluate the success of the choice. Reinforce use of the strategy, even if the choice was not successful. If needed, choose another plan.

- Acknowledge anything a child has done acceptably well.
- Schedule the child's low-priority activities just before high-priority ones. For example, teach the spelling lesson just before recess. Do an activity a child does not like just before an activity that is highly motivating.
- Never threaten. Instead present choices that are acceptable to you. If leaving school is not an acceptable choice, do not offer it as a choice. Use statements such as, "These are your choices; which do you prefer?"
- Modify the environment. Where a student sits makes a difference, as does lighting, furniture, visual displays in the classroom, color, distractions, and other environmental stimulation. An inviting, distraction-free room can focus attention on learning and reduce classroom behavior problems.
- Provide rewards for on-task, courteous, or acceptable behaviors. Catch children in the act of being good, and provide verbal praise, privileges, or a look of affirmation.
- Help the child to organize materials. Children with attention problems in particular have major difficulties with study skills and organizing work. Many behaviors come from frustration or confusion about what to do when, or where specific materials have been placed.
- Provide two sets of textbooks, one each for home and school, to help teach responsibility for homework without penalizing the student for forgetting to bring books home each day.

- Encourage students to ask for help, but do not withhold help for those who may be too insecure, shy, or afraid to ask.
- Adjust goals for children who are unable to finish their work in the allowed time. For example, cut a page of math problems into strips, and reward the child for completing a strip.
- Limit homework. If parents complain that a child is doing homework well into the night to the exclusion of other activities, the homework load is likely too large. Prioritize and modify. For students in high school, this may require meeting with all teachers to develop a reasonable expectation for each class.

In addition to providing accommodations such as modified curriculum or restructuring the environment to reduce disruptive behaviors, teachers can contribute to successful education for a child with an emotional or behavioral disorder in many other ways. These are just a few:

1. Discipline works best when integrated with effective teaching. It is impossible to force children to learn; punishment will never replace motivating activities or effective teaching strategies.
2. Let the child know exactly what you expect. When the child misbehaves, let him or her know the positive consequences for carrying out the desired behavior rather than the negative consequences for not complying. Be sure to reinforce acceptable behavior with something the child agrees is desirable or positive.

3. Develop a system (preventive cueing) to alert the child when he or she is doing something unacceptable. A raised eyebrow, a frown or a shake of the head can convey the need to calm down, pay attention, or stop a behavior.
4. Use proximity control. Move closer to the child who is misbehaving, or move the child closer to you.
5. Try behavior shaping. Reward behavior that is close to desired behavior; then raise your criteria for reinforcement in slight steps as the student's performance approaches the goal. Legitimate praise and acknowledgment are the best long-term reinforcers, although they may need to be paired with more treats and stickers or tangible incentives for some students.
6. Refuse to accept excuses. Once sensible rules and consequences are established, all misbehavior should be greeted with a specific consequence.
7. Assume that inconsistency is unintentional. Inconsistency is a hallmark characteristic for many children with emotional and behavioral disorders. Sometimes they can meet your expectations, sometimes not.
8. Separate your feelings about the child from your feelings about the behavior. Do not carry a grudge into the next day.
9. Teach, practice, and model acceptable behavior. Do not raise your voice unless it is acceptable for a child to do the same. Children have louder voices!
10. Avoid using negative labels. Children with emotional or behavioral disorders are often called lazy,

unmotivated, or mean. Sometimes adults think that using labels will help the child to change his or her behavior and never stop to consider the damage that labeling may cause a child with poor self-image.

Classroom accommodations

The following list of additional accommodations has been developed to illustrate the kinds of changes that can be made to fit a student's ability, learning style, or strengths. Including the child or adolescent in discussions about needed changes can help most children to develop an understanding of their disabilities and to develop skills to become self-advocates.

Textbooks and Curriculum

Books

- ❑ Provide alternative books with similar concepts, but at an easier reading level.
- ❑ Provide audiotapes of textbooks and have the student follow the text while listening.
- ❑ Provide summaries of chapters.
- ❑ Provide interesting reading material at or slightly above the student's comfortable reading level.
- ❑ Use peer readers.
- ❑ Use marker to highlight important textbook sections.
- ❑ Use word-for-word sentence fill-ins.
- ❑ Provide two sets of textbooks, one for home and one for school.
- ❑ Use index cards to record major themes.
- ❑ Provide the student with a list of discussion questions before reading the material.
- ❑ Give page numbers to help the student find answers.

Curriculum

- ❑ Shorten assignments to focus on mastery of key concepts.
- ❑ Shorten spelling tests to focus on mastering the most functional words.
- ❑ Substitute alternatives for written assignments (clay models, posters, panoramas, collections, etc.).
- ❑ Change the percentage required for a passing grade on a test or assignment.
- ❑ Specify and list exactly what the student will need to learn to pass. Review this frequently.
- ❑ Modify expectations based on student needs (e.g., "When you have read this chapter, you should be able to list three reasons for the Civil War").
- ❑ Give alternatives to long written reports (e.g., write several short reports, preview new audiovisual materials and write a short review, give an oral report on an assigned topic).

Classroom Environment

- ❑ Develop individualized rules for the student.
- ❑ Evaluate the classroom structure against the student's needs (flexible structure, firm limits, etc.).
- ❑ Keep workspaces clear of unrelated materials.
- ❑ Keep the classroom quiet during intense learning times.
- ❑ Reduce visual distractions in the classroom (mobiles, etc.).
- ❑ Provide a computer for written work.
- ❑ Seat the student close to the teacher or a positive role model.
- ❑ Use a study carrel. (Provide extras so that the student is not singled out.)
- ❑ Seat the student away from windows or doorways.
- ❑ Provide an unobstructed view of the chalkboard, teacher, screen, etc.
- ❑ Keep extra supplies of classroom materials (pencils, books) on hand.
- ❑ Use alternatives to crossword puzzles or word finds.
- ❑ Maintain adequate space between desks.

Instruction and Assignments

Directions

- ❑ Use both oral and printed directions.
- ❑ Give directions in small steps and in as few words as possible.
- ❑ Number and sequence the steps in a task.
- ❑ Have the student repeat the directions for a task.
- ❑ Provide visual aids.
- ❑ Show a model of the end product of directions (e.g., a completed math problem or finished quiz).
- ❑ Stand near the student when giving directions or presenting a lesson.

Time/transitions

- ❑ Alert student several minutes before a transition from one activity to another is planned, give several reminders.
- ❑ Provide additional time to complete a task.
- ❑ Allow extra time to turn in homework without penalty.
- ❑ Provide assistance when moving about the building.

Handwriting

- ❑ Use worksheets that require minimal writing.
- ❑ Do not return handwritten work to be recopied by the student. Do not grade handwriting on written work.
- ❑ Use fill-in questions with space for a brief response rather than a short essay.
- ❑ Provide a "designated notetaker" or photocopy of other student or teacher notes. (Do not require a poor notetaker or a student with no friends to arrange with another student for notes.)
- ❑ Provide a print outline with videotapes and filmstrips.
- ❑ Provide a print copy of any assignments or directions written on the blackboard.

- ❑ Omit assignments that require copying, or let the student use a tape recorder to dictate answers.

Grading

- ❑ Provide a partial grade based on individual progress or effort.
- ❑ Use daily or frequent grading averaged into a grade for the quarter.
- ❑ Weight daily work higher than tests for a student who performs poorly on tests.
- ❑ Mark the correct answers rather than the incorrect ones.
- ❑ Permit a student to rework missed problems for a better grade.
- ❑ Average grades out when assignments are reworked, or grade on corrected work.
- ❑ Use a pass-fail or an alternative grading system when the student is assessed on his or her own growth.
- ❑ Permit the student to retake a test until it is passed.
- ❑ If a portion of the grade is based on class participation, modify participation expectations.

Tests

- ❑ Go over directions orally.
- ❑ Teach the student how to take tests (e.g., how to review, to plan time for each section).
- ❑ Provide a vocabulary list with definitions.
- ❑ Permit as much time as needed to finish tests.
- ❑ Allow tests to be taken in a room with few distractions (e.g., the library).
- ❑ Have test materials read to the student, and allow oral responses.
- ❑ Divide tests into small sections of similar questions or problems.
- ❑ Use recognition tests (true-false, multiple choice, or matching) instead of essays.
- ❑ Allow the student to complete an independent project as an alternative test.

- ❑ Give progress reports instead of grades.
- ❑ Grade spelling separately from content.
- ❑ Provide typed test materials, not tests written in cursive.
- ❑ Allow take-home or open-book tests.
- ❑ Provide possible answers for fill-in-the blank sections.
- ❑ Provide the first letter of the missing word.

Math

- ❑ Allow the student to use a calculator without penalty.
- ❑ Group similar problems together (e.g., all addition in one section).
- ❑ Provide fewer problems on a worksheet (e.g., 4 to 6 problems on a page, rather than 20 or 30).
- ❑ Require fewer problems to attain passing grades.
- ❑ Use enlarged graph paper to write problems to help the student keep numbers in columns.
- ❑ Provide a table of math facts for reference.
- ❑ Tape a number line to the student's desk.
- ❑ Read and explain story problems, or break problems into smaller steps.
- ❑ Use pictures or graphics.

Other

- ❑ Use Post-it notes to mark assignments in textbooks.
- ❑ Check progress and provide feedback often in the first few minutes of each assignment.
- ❑ Place a ruler under sentences being read for better tracking.
- ❑ Introduce an overview of long-term assignments so the student knows what is expected and when it is due.
- ❑ Break long-term assignments into small, sequential steps, with daily monitoring and frequent grading.

- ❑ Have the student practice presenting in a small group before presenting to the class.
- ❑ Hand out worksheets one at a time.
- ❑ Sequence work, with the easiest part first.
- ❑ Use blackline copies, not dittos.
- ❑ Provide study guides and study questions that directly relate to tests.
- ❑ Reinforce student for recording assignments and due dates in a notebook.
- ❑ Draw arrows on worksheets, chalkboard, or overheads to show how ideas are related, or use other graphic organizers such as flow charts.

Behavior

- ❑ Arrange a "check-in" time to organize the day.
- ❑ Pair the student with a student who is a good behavior model for class projects.
- ❑ Modify school rules that may discriminate against the student.
- ❑ Use nonverbal cues to remind the student of rule violations.
- ❑ Amend consequences for rule violations (e.g., reward a forgetful student for remembering to bring pencils to class, rather than punishing the failure to remember).
- ❑ Minimize the use of punishment; provide positive as well as negative consequences.
- ❑ Develop an individualized behavior intervention plan that is positive and consistent with the student's ability and skills.
- ❑ Increase the frequency and immediacy of reinforcement.
- ❑ Arrange for the student to leave the classroom voluntarily and go to a designated "safe place" when under high stress.

- ❑ Develop a system or a code word to let the student know when behavior is not appropriate.
- ❑ Ignore behaviors that are not seriously disruptive.
- ❑ Develop interventions for behaviors that are annoying but not deliberate (e.g., provide a small piece of foam rubber for the desk of a student who continually taps a pencil on the desktop).
- ❑ Be aware of behavior changes that relate to medication or the length of the school day; modify expectations.

Teacher strategies

These strategies may also be used in regular classrooms for students receiving special education services. The following suggestions are simple to implement in a classroom, and do not require more than ordinary teaching skills.

Appropriate class participation

1. Give both auditory and visual presentations—do not assume a single approach is understood by all students.
2. Check a child's understanding by asking him or her to explain an assignment.
3. Provide bonus points for increased participation in class activities.
4. Maintain close physical proximity (touch if appropriate).
5. Set up an informal contract for appropriate participation.

6. Hold problem-solving classroom meetings—nonjudgmental, open discussions to find solutions for classroom problems—and invite participation.
7. Review expectations for using listening skills and for asking questions.
8. Place the student near a potential friend.
9. Use direct eye contact.
10. Draw the student out (acknowledge his or her presence) in nonthreatening way.
11. Talk to the student after class regarding class activities, etc.
12. Use words of encouragement.
13. Acknowledge any response (even a wrong answer) in a positive way.
14. Keep a log of appropriate speaking up—show the student the progress he or she makes.
15. Send positive communications home, or make positive phone calls.
16. Arrange a secret signal for student who needs help.
17. Plan activities that encourage interaction.
18. Encourage cooperative learning in the classroom.
19. Provide opportunities for students to make choices.
20. Only call on the child when you know that he or she knows the material.
21. Talk to the withdrawn child about what he or she likes.

22. Explain what you are doing while you are doing it, so the student can hear and see at the same time.
23. Give written questions to think about before calling on the student for an answer.
24. Encourage the student to repeat verbal instructions.
25. Ask questions requiring short answers.

Completing daily work

1. Be sure the materials are at the student's level.
2. Have the student keep a daily assignment log — and check the log daily.
3. Work with parents to monitor daily assignments; reward completed work.
4. Communicate with parents to provide a quiet study area away from noise and distractions.
5. Communication between home and school is important for work completion.
6. Provide positive feedback to students who meet your expectations—make feedback specific ("Tom, good job of keeping your voice down")—and make sure feedback is behavior-specific.
7. Define acceptable behavior in your classroom rather than just unacceptable behavior; repeat reinforcement system for acceptable behavior.
8. Reduce embarrassment for secondary students by providing praise in a businesslike manner (not enthusiastically) and by immediately shifting your eye contact off the student.

9. Convey behavioral information to the student in a positive manner.
10. Assess instructional variables—if students are not successful academically, they may use behavior to gain attention and feel successful.
11. Use humor to defuse situation (but be sure to avoid sarcasm).
12. Be consistent, and always stay calm.
13. Evaluate the effectiveness of your interventions.
14. Always treat the student with respect and dignity.
15. Select only one or two target behaviors to work on.
16. Teach the student to self-monitor his or her behavior.
17. Plan weekly phone calls to parents regarding behavior and progress.
18. Review the rules in your classroom frequently (daily at first).
19. Provide the student with many social and academic successes.
20. Teach appropriate conflict resolution.
21. Always apply negative consequences in a calm, matter-of-fact manner.
22. Avoid hassling a student who is off task; instead, praise on-task behaviors.
23. Keep the behavior plan SIMPLE.
24. Catch the student *behaving appropriately*; reinforce positive behaviors at least three times more often than you give consequences for negative behaviors.

25. Find out what kinds of positive rewards your students like.
26. Use proximity control. Stand next to the student who is exhibiting problem behavior.
27. When you reprimand, do it privately.
28. Give attention to students who are performing as expected.
29. Limit distractions. Do not seat distractible students near windows, doors, or colorful bulletin boards.
30. Make the child with the toughest behavior problem your ally.

Communicating with the School

Partnerships, even very good ones, are dependent on clear communication. Developing a communication plan between home and school in advance can help reduce misunderstandings.

This is especially important for parents of children and adolescents with emotional and behavioral disorders, since, at times, they are difficult children to serve well.

Checklist: Communication plan

1. **How will the school staff communicate with me?** Will the teacher call at a scheduled time? Send written reports? If a child has more than one teacher, who is the primary contact person?
2. **Under what circumstances will I be called at work?** Some parents want to know of every problem their child has, while others only want to hear about the big ones. Some parents are comfortable being called at work, while others cannot be reached except in an emergency. For parents who do not have access to a telephone, how will communication take place?
3. **How will I know if my child is keeping up with classroom assignments?** Who will monitor academic progress, particularly in the regular education settings? Will monitoring take place daily? Weekly? How will parents know about homework?
4. **Who will tell the teachers about my child's academic and behavioral needs?** Who will modify the curriculum or develop alternatives to assignments?
5. **Will the teachers receive a copy of the behavior intervention plan?** Who will tell them of modifications to rules and policies?
6. **Who normally makes decisions regarding discipline, such as detention or suspension?** The professionals (often the principal or the assistant principal) who enforce the school rules must know of any modifications to the rules. Disagreements

over discipline are less likely if the people responsible for discipline help the team to develop successful behavior interventions.

7. **What happens in an emergency?** What does the school view as an "emergency plan"? Is there a normal procedure for involving the police, and what is the role of parents in the decision?

Checklist: Communication styles

While a communication plan can be fairly straightforward, stating the methods you agree on for timely communication, how you choose to communicate with the school is not included in a plan. Your child's teacher and other school staff will interpret your attitudes, mannerisms, and tone of voice or choice of language as having many shades of meaning.

Because a poor relationship with school personnel can undermine confidence in your child's educational program, it is worth taking the time to reflect on whether your communication style fosters an effective partnership. Questions to consider:

1. **Am I able to state what I want for my child without feeling intimidated?** Passive people—those who are afraid to say what they think—may go home angry when their needs are not met.

   Since IEP meetings can be stressful, plan ahead. If you are shy or hesitant about stating your opinion clearly, write down what you want to say, or bring a friend with you to provide support. If you make photocopies of your notes and distribute them at the

IEP meeting, you will be able to clarify your thoughts if you are unable to state them in a meeting.

2. **Am I able to state what I want for my child without raising my voice, threatening, or becoming angry?** Many parents report that IEP planning meetings are not pleasant experiences when their child is not doing well in school. No one likes to hear again and again what the problems are, yet the purpose of such meetings is to talk about needs.

   One of the ways you can balance a meeting that focuses on what your child *cannot* do is to request that the staff talk about what your son or daughter does do well before discussing problems. If you really blow your cool at a school meeting, be prepared to accept responsibility. You will be a good model for others.

3. **Am I a good listener?** Do you ask questions to learn the information you need, and request clarification when you are not sure of what has been said?

   Listening is a skill. If you are trying to think ahead to your next question to the extent that you don't focus on what others are saying, a good solution is to write down what you want to say before the meeting. That way, you will not have to worry about forgetting key points, and you may be a better listener.

4. **Am I able to disagree with others without using blaming words?** When you are feeling misunderstood by others, it is easy to feel defensive or angry.

However, anger also makes others feel defensive, and you may find yourself talking at, instead of with, members of the planning team.

Hurt feelings on either side of the table can undermine confidence in the planning partnership that you and school staff undertake on behalf of your child. Learning more effective ways of communicating can make you a stronger advocate for your child.

Evaluating the Individualized Education Program

After the IEP or Section 504 planning meeting is held, the agreed-upon program should be mailed to you for consideration. An individualized education program must be in writing. If the IEP is handed to you at the meeting, take it home with you and think about what it says. You have 10 school days to consider whether you agree or disagree with the IEP proposed for your child.

It is good practice not to sign the IEP at the meeting, but to discuss it with a friend or spouse outside the school in a less stressful environment. At this point, it may be wise to do a final check before deciding on the proposed program. Questions to consider include:

1. **Do the goals on the IEP meet my child's needs?** The goals state how much progress your child is expected to make in one year, "Billy will increase his overall reading skills from the beginning fifth-grade level to the beginning sixth-grade level by the end of the school year." Are the goals *measurable?* Do they relate to how your child will progress in the general curriculum?
2. **Does each goal have objectives or benchmarks?** Short-term *instructional objectives* break down the skill described in a goal into smaller components that can be taught. *Benchmarks* establish performance levels that are checked periodically to measure progress.
3. **Does the IEP list agreed-upon accommodations or modifications?** Who will share the expectations with the regular classroom teachers? Was a regular education teacher involved in developing the accommodations? If not, why not?
4. **Does the IEP include information about my child's performance on statewide or districtwide assessments?** Does it list any needed modifications in these assessments? If the team decided your child will not participate in a particular assessment, does the IEP explain why? Does it list any alternative assessments that will be used? If not, why not?
5. **Are positive intervention strategies included in the IEP or in an attached behavior intervention plan?** One of the most important parts of the law for parents of children who have behavioral concerns is the requirement that the team consider positive interventions and other strategies if a

child's behavior is interfering with learning. The IEP or behavior intervention plan should include these interventions as well as any change in existing school policies the team has agreed to.

6. Is assistive technology included in my child's IEP? If your child needs assistive technology to succeed in school, a statement to that effect must be included in the program.
7. Are the starting dates listed for all services? Their frequency? Where they will be provided? How long they will last? IEP services must begin upon the signed consent of the parents and continue uninterrupted throughout the school year.
8. Does the IEP explain how much time my child will not participate with children who do not have disabilities?
9. Does the IEP tell me how progress will be measured and how often I will be informed of my child's progress?
10. If my child is 14 or older, does the IEP include my child's transition needs or services?

The measure of a successful special education program is the progress a child or adolescent has made in achieving the goals and objectives on his or her individualized education program. An IEP must be written once a year and reviewed at least once during the year. You will be invited to the development and review of your child's IEP. The time must be agreeable to both you and the school staff involved in your child's program.

An individualized education program or Section 504 plan provides the basis for a successful school program for children and adolescents with emotional or behavioral disorders. The plan defines the support and structure needed by your child, as well as the approach to be used in providing educational services.

The IEP must be in writing, and you must be provided an opportunity to agree or disagree with the program. A Section 504 plan is generally in writing, although that is not required as long as the agreed-upon services are provided to your child. Most districts find that it is easier to ensure accountability with a written plan.

Resolving Differences

When differences arise between you and the school over your child's educational program, you should first try to resolve them informally. Call the school and talk with the teacher, case manager or principal. If that is not successful, then the following options are available to help resolve disagreements:

1. Conciliation (Minnesota only). The conciliation conference is written into Minnesota law as an opportunity to iron out disagreements with the school in an informal setting. The conference is not required but definitely recommended when trying to resolve problems.

To request conciliation, send a letter to your principal, with a copy to the special education director. (Keep a copy for yourself!) You may bring a friend, relative, advocate, or other people with you to a conciliation conference. The meeting takes place at the school, where parents and school personnel try to find a solution to the issue. Conciliation is useful in instances when:

- you refuse to consent to an evaluation or reevaluation
- you disagree with the results of the school evaluation
- you disagree in writing with a proposed IEP

2. Mediation (IDEA). By law, mediation must be offered whenever a parent requests a due process hearing. In many states, though, if you and the school are unable to resolve a disagreement, either of you may request mediation. This is a voluntary process, and both you and the school must agree to mediate your differences. A trained state mediator will try to help you resolve differences. The mediator does not make decisions!

   All states now have mediation processes. Your state's Department of Education will tell you how the law works in your state. One caution: You should never mediate or use a due process hearing to resolve a violation of law. If your child's *legal rights are being violated*, the complaint process is a more direct way to resolve the issue.

3. Due process hearing. The due process hearing is a more formal process than a conciliation conference or mediation. A hearing officer, who must be impartial, serves as a third party to hear disagreements between you and the school. The hearing officer makes a binding decision.

   To request a due process hearing, consult your state Department of Education for the state-specific process. Or send a letter to your school principal, with a copy to the superintendent and to the state Department of Education, asking for a hearing. The hearing is to be held, and a written decision issued, within forty-five days of receipt of your request.

   In a due process hearing, it is important to know that the school district will likely be represented by an attorney, either through consultation or in person at the hearing. You may want either to hire an attorney or to consult with someone who is familiar with special education laws. Parents may seek reimbursement of attorney fees if they prevail at a due process hearing.

   If you or the school is not satisfied with the decision of the due process hearing officer, you may appeal the decision to a hearing review officer. You must file the appeal within thirty days of receipt of the written decision. You and the school will receive a final decision within thirty calendar days.

4. Complaint. Unlike the other appeals processes, the complaint system is *not* designed to resolve disagreements over the amount or type of services a child receives. Rather, a complaint is an allegation

To file a complaint in Minnesota, contact the Division of Monitoring and Compliance, Department of Children, Families & Learning, 1500 Highway 36 West, Roseville, MN 55113. (651) 582-8689 http://cfl.state.mn.us/dmc/. The complaint officer will investigate your complaint and issue a report within sixty days of receiving the written complaint.

that the school is not following state or federal laws. If the district does not notify you of your child's assessment results, refuses to provide services outlined in the IEP, or does not otherwise follow the state or federal law, you may file a complaint.

Every state has a complaint process, and they are much the same. The differences may involve where or to whom you mail the complaint and the length of time the state takes to resolve the issue. Call your state Department of Education or your state Parent Training and Information Center for more information.

5. Section 504 of the Rehabilitation Act of 1973. If you believe that your son or daughter is being discriminated against in a school program based on his or her disability, you may file a Section 504 complaint. *For example:* The district refuses to modify its discipline policy for your child, ignoring your physician's statement that the child cannot meet the school discipline standards. This is the time for a Section 504 complaint.

   The complaint should be sent to the Office for Civil Rights (OCR) in your region. There are five area offices of the OCR. The Parent Training and Information Center in your state or the Department of Education will be able to direct you to the correct address. A listing of currently funded Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) is in the appendix on pages 136–151.

Conclusion

As a parent of a son or daughter with an emotional or behavioral disability, you are well aware of the tremendous difficulty in providing the support, accountability, and services that your child will need to succeed in an adult world. The act of parenting a child with a mental illness, emotional disturbance or behavior problem is one of balance.

Life often revolves around a quest for elusive community-based education and support services for your child and your family. It is important that you take time along the way to rest, to recover, and to seek some measure of joy.

The information provided in this booklet is really just a toolkit for your use. How you develop and use these tools is up to you. What the law says is a tool, but knowing the

law is not enough. It can be used to break apart, build upon, or create a successful program for your child, but only if you are heard and respected. Good communication is also a tool. So is your knowledge and experience about your child and the relationships that must be created and sustained to help your child succeed.

If you find that you have tried one strategy to plan and implement a program of services and that it has not been successful, ask yourself why? Was it the right strategy? What else could have been used? Are you using the right tool to begin with? Have you communicated your needs in a way that others truly understand? This kind of critical analysis can help you to become a better advocate for your child and your family. The key is not to give up! Your child's future may depend on your ability to learn to negotiate, work as a team, and to use your assertive skills, including your knowledge of the law.

If the information in this book provides, in a small way, assistance in securing an appropriate educational program for your child, it has been worth reading. Not all the questions listed here will apply to all situations, but are included simply as considerations for planning.

If an appropriate educational program for your child removes one concern from the list of concerns that all parents of children with emotional or behavioral problems face each day, there may be time for a short rest, a walk in the park, a small measure of joy. We hope this is so.

Appendix

Section 504 of the Rehabilitation Act of 1973

Parent Training and Information Centers

Children's Mental Health Organizations

Section 504 of the Rehabilitation Act of 1973

Subpart D — Preschool, Elementary, and Secondary Education

Reg. 104.31 Application of this subpart.

Subpart D applies to preschool, elementary, secondary, and adult education programs and activities that receive or benefit from Federal financial assistance and to recipients that operate or that receive or benefit from Federal financial assistance for the operation of such programs or activities.

Reg. 104.32 Location and notification.

A recipient that operates a public elementary or secondary education program shall annually:

(a) Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education; and

(b) Take appropriate steps to notify handicapped persons and their parents or guardian of the recipient's duty under this subpart.

Reg. 104.33 Free appropriate public education.

(a) General. A recipient that operates a public elementary or secondary education programs shall provide a free appropriate public education to each qualified handicapped person who is in the recipient's jurisdiction, regardless of the nature or severity of the person's handicap.

(b) Appropriate education. (1) For the purpose of this subpart, the provision of an appropriate education is the provision of regular or special education and related aids and services that (i) are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of Regs. 104.34, 104.35, and 104.36.

(2) Implementation of an individualized education program developed in accordance with the Education of the Handicapped Act is one means of meeting the standard established in paragraph (b) (1) (i) of this section.

(3) A recipient may place a handicapped person in or refer such person to a program other than the one that it operates as its means of carrying out the requirements of this subpart. If so, the recipient remains responsible for ensuring that the requirements of this subpart are met with respect to any handicapped person so placed or referred.

(c) Free education — (1) General. For the purpose of this section, the provision of a free education is the provision of educational and related services without cost to the

handicapped person or to his or her parents or guardian, except for those fees that are imposed on nonhandicapped persons or their parents or guardian. It may consist either of the provision of free services or, if a recipient places a handicapped person in or refers such person to a program not operated by the recipient as its means of carrying out the requirements of this subpart, of payment for the costs of the program. Funds available from any public or private agency may be used to meet the requirements of this subpart. Nothing in this section shall be construed to relieve an insurer or similar third party from an otherwise valid obligation to provide or pay for services provided to a handicapped person.

(2) Transportation. If a recipient places a handicapped person in or refers such person to a program not operated by the recipient as its means of carrying out the requirements of this subpart, the recipient shall ensure that adequate transportation to and from the program is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the person were placed in the program operated by the recipient.

(3) Residential placement. If placement in a public or private residential program is necessary to provide a free appropriate public education to a handicapped person because of his or her handicap, the program, including non-medical care and room and board, shall be provided at no cost to the person or his or her parents or guardian.

(4) Placement of handicapped persons by parents. If a recipient has made available, in conformance with the requirements of this section and Reg. 104.34, a free appropriate public education to a handicapped person and the person's parents or guardian choose to place the person in private school, the recipient is not required to pay for the person's education in the private school. Disagreements between a parent or guardian and a recipient regarding whether the recipient has made such a program available or

otherwise regarding the question of financial responsibility are subject to the due process procedures of Reg. 104.36.

(d) Compliance. A recipient may not exclude any qualified handicapped person from a public elementary or secondary education after the effective date of this part. A recipient that is not, on the effective date of this regulation, in full compliance with the other requirements of the preceding paragraphs of this section shall meet such requirements at the earliest practicable time and in no event later than September 1, 1978.

Reg. 104.34 Educational setting.

(a) Academic setting. A recipient to which this subpart applies shall educate, or shall provide for the education of, each qualified handicapped person in its jurisdiction with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person. A recipient shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Whenever a recipient places a person in a setting other than the regular educational environment pursuant to this paragraph, it shall take into account the proximity of the alternate setting to the person's home.

(b) Nonacademic settings. In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Reg. 104.37 (a)(2), a recipient shall ensure that handicapped persons participate with non-handicapped persons in such activities and services to the maximum extent appropriate to the needs of the handicapped person in question.

(c) Comparable facilities. If a recipient, in compliance with paragraph (a) of this section, operates a facility that is identifiable as

being for handicapped persons, the recipient shall ensure that the facility and the services and activities provided therein are comparable to the other facilities, services, and activities of the recipient.

Reg. 104.35 Evaluation and placement.

(a) Preplacement evaluation. A recipient that operates a public elementary or secondary education program shall conduct an evaluation in accordance with the requirements of paragraph (b) of this section of any person who, because of handicap, needs or is believed to need special education or related services before taking any action with respect to the initial placement of the person in a regular or special education program and any subsequent significant change in placement.

(b) Evaluation procedures. A recipient to which this subpart applies shall establish standards and procedures for the evaluation and placement of persons who, because of handicap, need or are believed to need special education or related services which ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;

2. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to produce a single general intelligence quotient; and

3. Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills

(except where those skills are the factors that the tests purport to measure).

(c) Placement procedures. In interpreting evaluation data and in making placement decisions, a recipient shall (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is made in conformity with Reg. 104.34.

(d) Reevaluation. A recipient to which this section applies shall establish procedures, in accordance with paragraph (b) of this section, for periodic reevaluation of students who have been provided special education and related services. A reevaluation procedure consistent with the Education of the Handicapped Act (now Individuals with Disabilities Education Act) is one means of meeting this requirement.

Reg. 104.36 Procedural safeguards.

A recipient that operates a public elementary or secondary education program shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure. Compliance with procedural safeguards of section 615 of the Education of the Handicapped Act is one means of meeting this requirement.

Reg. 104.37 Nonacademic services.

(a) General.

(1) A recipient to which this subpart applies shall provide nonacademic and extracurricular services and activities in such manner as is necessary to afford handicapped students an equal opportunity for participation in such services and activities.

OCR policy interpretation: School Board members as hearing officers

School board members may not serve as hearing officers in proceedings conducted to resolve disputes between parents of handicapped children and officials of their school system. Policy Interpretation No. 6.

(2) Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making available outside employment.

(b) Counseling services. A recipient to which this subpart applies that provides personal, academic, or vocational counseling, guidance, or placement services to its students shall provide these services without discrimination on the basis of handicap. The recipient shall ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are nonhandicapped students with similar interests and abilities.

(c) Physical education and athletics. (1) In providing physical education courses and athletics and similar programs and activities to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient that offers physical education courses or that operates or sponsors interscholastic, club, or intramural athletics shall provide to qualified handicapped students an equal opportunity for participation in these activities.

(2) A recipient may offer to handicapped students physical education and athletic activities that are separate or different

from those offered to nonhandicapped students only if separation or differentiation is consistent with the requirements of Reg. 104.34 and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

Reg. 104.38 Preschool and adult education programs.

A recipient to which this subpart applies that operates a preschool education or day care program or activity or an adult education program or activity may not, on the basis of handicap, exclude qualified handicapped persons from the program or activity and shall take into account the needs of such persons in determining the aid, benefits, or services to be provided under the program or activity.

Reg. 1043.39 Private education programs.

(a) A recipient that operates a private elementary or secondary education program may not, on the basis of handicap, exclude a qualified handicapped person from such program if the person can, with minor adjust priate education to handicapped persons than to nonhandicapped persons except to the extent that an additional charge is justified by a substantial increase in cost to the recipient.

(c) A recipient to which this section applies that operates special education programs shall operate such programs in accordance with the provisions of Regs. 104.35 and 104.36. Each recipient to which this section applies is subject to the provisions of Regs. 104.34, 104.37, and 104.38.

OCR interpretation: Participation of handicapped students in contact sports

Students who have lost an organ, limb or appendage but who are otherwise qualified, may not be excluded by recipients from contact sports. However, such students may be required to obtain parental consent and approval for participation from the doctor most familiar with their condition. If the school system provides its athletes with medical care insurance for sickness or accident, it must make the insurance available without discrimination against handicapped athletes.
Policy Interpretation No. 5.

Parent Training and Information Centers

Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) in each state provide training and information to parents of infants, toddlers, children, and youth with disabilities and professionals who work with children. This assistance helps parents to participate more effectively with professionals in meeting the educational needs of children and youth with disabilities.

The Technical Assistance Alliance for Parent Centers (the Alliance) provides technical assistance for establishing, developing, and coordinating Parent Training and Information Projects nationwide. The Alliance Web site includes a regularly updated list of parent centers throughout the United States.

Alliance Coordinating Office
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612-827-2966 voice
612-827-7770 TTY
612-827-3065 fax
1-888-248-0822 toll-free
E-mail: alliance@taalliance.org
Web site: *www.taalliance.org*

Northeast Regional Center
Parent Information Center
P.O. Box 2405
Concord, NH 03302-2405
603-224-7005 voice & TDD
603-224-4365 fax
E-mail: picnh@aol.com
CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, PR, RI, VT, USVI

Midwest Regional Center
Ohio Coalition for the Education of Children with Disabilities (OCECD)
Bank One Building
165 West Center Street, Suite 302
Marion, OH 43302-3741
740-382-5452 voice & TDD
740-383-6421 fax
E-mail: ocecd@gte.net
CO, IL, IA, IN, KS, KY, MI, MN, MO, NE, ND, OH, SD, WI

South Regional Center
Partners Resource Network, Inc.
1090 Longfellow Drive, Suite B
Beaumont, TX 77706-4819
409-898-4684 voice & TDD
409-898-4869 fax
E-mail: rdirector@pnx.com
AL, AR, FL, GA, LA, MS, NC, OK, SC, TN, TX, VA, WV

West Regional Center
Matrix Parent Network and Resource Center
94 Galli Drive, Suite C
Novato, CA 94949
415-884-3535
415-884-3555 FAX
E-mail: matrix@matrixparents.org
AK, AZ, CA, Department of Defense Dependent Schools, HI, ID, MT, NV, NM, OR, Pacific Jurisdiction, UT, WA, WY

Alabama
Special Education Action
Committee Inc.
P.O. Box 161274
Mobile, AL 36616-2274
334-478-1208 voice & TDD
334-473-7877 fax
1-800-222-7322 AL only
seacofmobile@zebra.net
home.hiwaay.net/~seachsv/

Alaska
PARENTS, Inc.
4743 E. Northern Lights Blvd.
Anchorage, AK 99508
907-337-7678 voice
907-337-7629 TDD
907-337-7671 fax
1-800-478-7678 in AK
parents@parentsinc.org
www.parentsinc.org

American Samoa
American Samoa PAVE
P.O. Box 3432
Pago Pago, AS 96799
011-684-699-6946
011-684-699-6952 fax
SAMPAVE@samoatelco.com
www.taalliance.org/ptis/amsamoa/

Arizona
Pilot Parents of Southern Arizona
2600 North Wyatt Drive
Tucson, AZ 85712
520-324-3150
520-324-3152
ppsa@pilotparents.org
www.pilotparents.org
Southern AZ

Arizona
RAISING Special Kids
4750 N. Black Canyon Hwy, Suite 101
Phoenix, AZ 85017-3621
602-242-4366 voice & TDD
602-242-4306 fax
1-800-237-3007 in AZ
Central and Northern AZ

Arkansas
Arkansas Disability Coalition
1123 University Ave., Suite 225
Little Rock, AR 72204-1605
501-614-7020 voice & TDD
501-614-9082 fax
1-800-223-1330 AR only
adc@alltel.net
www.adcpti.org
Statewide
With FOCUS AR

FOCUS, Inc.
305 West Jefferson Ave.
Jonesboro, AR 72401
870-935-2750 voice
870-931-3755 fax
888-247-3755
ocusinc@ipa.net
www.grnco.net/~norre/
With Arkansas Disability Coalition AR

California
DREDF
2212 Sixth Street
Berkeley, CA 94710
510-644-2555 (TDD available)
510-841-8645 fax
1-800-466-4232
dredf@dredf.org
www.dredf.org
Northern California
With Parents Helping Parents,
Santa Clara

Exceptional Family Support, Education
and Advocacy Center
6402 Skyway
Paradise, CA 95969
530-876-8321
530-876-0346
1-888-263-1311
sea@sunset.net
www.sea-center.org

Exceptional Parents Unlimited
4120 N. First St.
Fresno, CA 93726
559-229-2000
559-229-2956 fax
epu1@cybergate.com
www.exceptionalparents.org
Central California

Loving Your Disabled Child (CPRC)
4528 Crenshaw Boulevard
Los Angeles, CA 90043
323-299-2925
323-299-4373 fax
lydc@pacbell.net
www.lydc.org
Most of LA County

Matrix
94 Galli Drive, Suite C
Novato, CA 94949
415-884-3535
415-884-3555 fax
1-800-578-2592
matrix@matrixparents.org
www.matrixparents.org

Northern California
With Parents Helping parents,
Santa Clara
Parents Helping Parents of
San Francisco
594 Monterey Blvd.
San Francisco, CA 94127-2416
415-841-8820
415-841-8824 fax
sfphp@earthlink.com
Nine counties in the San Francisco
Bay area

Parents Helping Parents of Santa Clara
3041 Olcott St.
Santa Clara, CA 95054-3222
408-727-5775 voice
408-727-7655 TDD
408-727-0182 fax
info@php.com
www.php.com
Northern California
With Matrix and DREDF

Support for Families of Children
with Disabilities
2601 Mission #710
San Francisco, CA 94110-3111
415-282-7494
415-282-1226 fax
sfcdmiss@aol.com
San Francisco

TASK
100 West Cerritos Ave.
Anaheim, CA 92805
714-533-8275
714-533-2533 fax
taskca@aol.com
Southern California

TASK, San Diego
3750 Convoy St., Suite 303
San Diego, CA 92111-3741
619-874-2386
619-874-2375 fax
tasksd1@aol.com
City of San Diego and Imperial counties

Colorado
PEAK Parent Center, Inc.
6055 Lehman Drive, Suite 101
Colorado Springs, CO 80918
719-531-9400 voice
719-531-9403 TDD
719-531-9452 fax
1-800-284-0251
info@peakparent.org
www.peakparent.org

Connecticut
Connecticut Parent Advocacy Center
338 Main Street
Niantic, CT. 06357
860-739-3089 voice & TDD
860-739-7460 fax (Call first to
dedicate line)
1-800-445-2722 in CT
cpacinc@aol.com
members.aol.com/cpacinc/cpac.htm

Delaware
Parent Information Center of Delaware
(PIC/DE)
700 Barksdale Road, Suite 16
Newark, DE 19711
302-366-0152 voice
302-366-0178 (TDD)
302-366-0276 fax
1-888-547-4412
picofdel@picofdel.org
www.picofdel.org

District of Columbia
Advocates for Justice and Education
2041 Martin Luther King Ave., SE.
Suite 301
Washington, DC 20020
202-678-8060
202-678-8062 fax
1-888-327-8060
justice1@bellatlantic.net
www.aje.qpg.com/

Florida
Family Network on Disabilities
2735 Whitney Road
Clearwater, FL 33760-1610
727-523-1130
727-523-8687 fax
1-800-825-5736 FL only
fnd@fndfl.org
fndfl.org

Parent to Parent of Miami, Inc. (CPRC)
c/o Sunrise Community
9040 Sunset Drive, Suite G
Miami, FL 33173
305-271-9797
305-271-6628 fax
PtoP1086@aol.com
Miami Dade and Monroe Counties

Georgia
Parents Educating Parents and Professionals for All Children (PEPPAC)
6613 East Church Street, Suite 100
Douglasville, GA 30134
770-577-7771
770-577-7774 fax
peppac@bellsouth.net
www.peppac.org

Hawaii
AWARE
200 N. Vineyard Blvd., Suite 310
Honolulu, HI 96817
808-536-9684 voice / 808-536-2280 voice & TTY
808-537-6780 fax
1-800-533-9684
ldah@gte.net

Palau Parent Network
Center on Disability Studies,
University of Hawaii
1833 Kala Kaua Avenue, #609
Honolulu, HI 96815
808-945-1432
808-945-1440 fax
dotty@hawaii.edu
patric@palaunet.com

Idaho
Idaho Parents Unlimited, Inc.
4696 Overland Road, Suite 568
Boise, ID 83705
208-342-5884 voice & TDD
208-342-1408 fax
1-800-242-4785
ipul@rmci.net
home.rmci.net/ipul

Native American Parent Training and Information Center
129 East Third
Moscow, ID 83843
208-885-3500
famtog@moscow.com
Nation-wide resource for Native American families, tribes, and communities as well as parent centers and others needing information on this subject.

Illinois

Designs for Change
6 North Michigan Ave., Suite 1600
Chicago, IL 60602
312-857-9292 voice
312-857-1013 TDD
312-857-9299 fax
dfc1@aol.com
www.dfc1.org

Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 300
Chicago, IL 60604
312-939-3513 voice
312-939-3519 TTY & TDY
312-939-7297 fax
1-800-952-4199 IL only
frcdptiil@ameritech.net
www.ameritech.net/users/frcdptiil/index.html

Family T.I.E.S. Network
830 South Spring
Springfield, IL 62704
217-544-5809
217-544-6018 fax
1-800-865-7842
ftiesn@aol.com
www.taalliance.org/ptis/fties/

National Center for Latinos with Disabilities
1915-17 South Blue Island Ave.
Chicago, IL 60608
312-666-3393 voice
312-666-1788 TTY
312-666-1787 fax
1-800-532-3393
ncld@ncld.com
homepage.interaccess.com/~ncld/

Indiana

IN*SOURCE
809 N. Michigan St.
South Bend, IN 46601-1036
219-234-7101
219-239-7275 TDD
219-234-7279 fax
1-800-332-4433 in IN
insourc1@aol.com
www.insource.org

Iowa

Access for Special Kids (ASK)
321 E. 6th St
Des Moines, IA 50309
515-243-1713
515-243-1902 fax
1-800-450-8667
ptiiowa@aol.com
www.taalliance.org/ptis/ia/

Kansas
Families ACT (CPRC)
555 N. Woodlawn
Wichita, KS 67203
316-685-1821
316-685-0768 fax
nina@mhasck.org
www.mhasck.org
Sedgwick County and Outlying area

Families Together, Inc.
3340 W Douglas, Ste 102
Wichita, KS 67203
316-945-7747
316-945-7795 fax
1-888-815-6364
fmin@feist.com
www.kansas.net/~family/

Kentucky
Kentucky Special Parent Involvement Network (KY-SPIN)
2210 Goldsmith Lane, Suite 118
Louisville, KY 40218
502-456-0923
502-456-0893 fax
1-800-525-7746
spininc@aol.com

Louisiana (CPRC)
Pyramid Parent Training Program
4101 Fontainbleau Dr
New Orleans, LA 70125
504-827-0610
504-827-2999 fax
dmarkey404@aol.com

Louisiana
Project PROMPT
4323 Division Street, Suite 110
Metairie, LA 70002-3179
504-888-9111
504-888-0246 fax
1-800-766-7736
fhfgno@ix.netcom.com
www.projectprompt.com

Maine
Special Needs Parent Info Network
P.O. Box 2067
Augusta, ME 04338-2067
207-582-2504
207-582-3638 fax
1-800-870-SPIN in ME
jlachance@mpf.org
www.mpf.org

Maryland
Parents Place of Maryland, Inc.
7484 Candlewood Rd Suite S
Hanover, MD 21076-1306
410-859-5300 voice & TDD
410-859-5301 fax
info@ppmd.org
www.ppmd.org

Massachusetts
Federation for Children with Special Needs
1135 Tremont Street, Suite 420
Boston, MA 02120-2140
617-236-7210 (voice and TTY)
617-572-2094 fax
1-800-331-0688 in MA
fcsninfo@fcsn.org
www.fcsn.org/

Michigan
CAUSE
3303 W. Saginaw, Suite F-1
Lansing, MI 48917-2303
517-886-9167 voice & TDD & TDY
517-886-9775 fax
1-800-221-9105 in MI
info-cause@voyager.net
www.pathwaynet.com/cause/

Parents Are Experts
23077 Greenfield Road, Suite 205
Southfield, MI 48075-3745
248-557-5070 voice & TDD
248-557-4456 fax
1-800-827-4843
ucp@ameritech.net
www.taalliance.org/ptis/mi-parents/
Wayne County

Minnesota
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612-827-2966 (voice)
612-827-7770 (TTY)
612-827-3065 fax
1-800-537-2237 in MN
pacer@pacer.org
www.pacer.org

Mississippi
Parent Partners
1900 North West St. Ste. C-100
Jackson, MS 39202
601-714-5707
601-714-4025 fax
1-800-366-5707 in MS
ptiofms@misnet.com
www.taalliance.org/ptis/ms/

Project Empower (CPRC)
136 South Poplar Ave.
Greenville, MS 38701
601-332-4852
601-332-1622 fax
1-800-337-4852
empower@tecinfo.com

Missouri
Missouri Parents Act
1 West Armour Blvd.
Kansas City, MO 64111
816-531-7070
816-931-2992 TDD
816-531-4777 fax
1-800-743-7634 (in MO only)
ptijcj@aol.com
www.crn.org/mpact/

Montana
Parents Let's Unite for Kids
516 N. 32nd Street
Billings, MT 59101
406-255-0540
406-255-0523 fax
1-800-222-7585 in MT
plukinfo@pluk.org
www.pluk.org

Nebraska
Nebraska Parents Center
1941 South 42nd St., #122
Omaha, NE 68105-2942
402-346-0525 voice & TDD
402-346-5253 fax
1-800-284-8520
gdavis@neparentcenter.org
www.neparentcenter.org

Nevada
Nevada Parents Encouraging Parents (PEP)
2810 W. Charleston Blvd., Suite G-68
Quail Park IV
Las Vegas, NV 89102
702-388-8899
702-388-2966 fax
1-800-216-5188
nvpep@vegas.infi.net
www.nvpep.org

New Hampshire
Parent Information Center
P.O. Box 2405
Concord, NH 03302-2405
603-224-7005 (voice & TDD)
603-224-4379 fax
1-800-232-0986 in NH
picnh@aol.com
www.taalliance.org/ptis/nhpic/

New Jersey
Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor
Newark, NJ 07102
973-642-8100
973-642-8080 fax
1-800-654-SPAN
span@bellatlantic.net
www.taalliance.org/ptis/nj/

New Mexico
Parents Reaching Out, Project ADOBE
1000-A Main St. NW
Los Lunas, NM 87031
505-865-3700 voice & TDD
505-865-3737 fax
1-800-524-5176 in NM
nmproth@aol.com
www.parentsreachingout.org

New York
The Advocacy Center
277 Alexander St., Suite 500
Rochester, NY 14607
716-546-1700
716-546-7069 fax
1-800-650-4967 (NY only)
advocacy@frontiernet.net
www.advocacycenter.com
Statewide except for NYC

Advocates for Children of NY
151 West 50th Street, 5th Floor
New York, NY 10001
212-947-9779
212-947-9790 fax
info@advocatesforchildren.org
www.advocatesforchildren.org
Five boroughs of New York City

Resources for Children with
Special Needs, Inc.
200 Park Ave. South, Suite 816
New York, NY 10003
212-677-4650
212-254-4070 fax
resourcesnyc@prodigy.net
www.resourcesnyc.org
New York City (Bronx, Brooklyn,
Manhattan, Queens, Staten Island)

Sinergia/Metropolitan Parent
Center
15 West 65th St., 6th Floor
New York, NY 10023
212-496-1300
212-496-5608 fax
Sinergia@panix.com
www.panix.com/~sinergia/
New York City

United We Stand (CPRC)
c/o Casa del Barrio
728 Driggs Ave
Brooklyn, NY 11211
718-302-4313, ext. 562
718-302-4315 fax
uwsofny@aol.com
www.taalliance.org/ptis/uws/

North Carolina
ECAC, Inc.
P.O. Box 16
Davidson, NC 28036
704-892-1321
704-892-5028 fax
1-800-962-6817 NC only
ECAC1@aol.com
www.ecac-parentcenter.org/

North Dakota
ND Pathfinder Parent Training And
Information Center
Kathryn Erickson
Arrowhead Shopping Center
1600 2nd Ave. SW, Suite 19
Minot, ND 58701-3459
701-837-7500 voice
701-837-7501 TDD
701-837-7548 fax
1-800-245-5840 ND only
ndpath01@minot.ndak.net
www.pathfinder.minot.com

Ohio
Child Advocacy Center
1821 Summit Road, Suite 303
Cincinnati, OH 45237
513-821-2400
513-821-2442 fax
CADCenter@aol.com
Southwestern Ohio, Northern Kentucky,
Dearborn County, Indiana

Ohio
OCECD
Bank One Building
165 West Center St., Suite 302
Marion, OH 43302-3741
740-382-5452 voice & TDD
740-383-6421 fax
1-800-374-2806
ocecd@gte.net
www.taalliance.org/PTIs/regohio/

Oklahoma
Parents Reaching Out in OK
1917 S. Harvard Avenue
Oklahoma City, OK 73128
405-681-9710
405-685-4006 fax
1-800-759-4142
prook1@aol.com
www.taalliance.org/ptis/ok/

Oregon
Oregon COPE Project
999 Locust St. NE
Salem, OR 97303
503-581-8156 voice & TDD
503-391-0429 fax
1-888-505-COPE
orcope@open.org
www.open.org/~orcope

Pennsylvania
Hispanos Unidas para Niños con Impedimentos
(Hispanics United for Special Needs Children)
Buena Vista Plaza
166 W. Lehigh Ave., Suite 101
Philadelphia, PA 19133-3838
215-425-6203
215-425-6204 fax
hupni@aol.com
City of Philadelphia, occasional service to surrounding counties

Pennsylvania
Parent Education Network
2107 Industrial Hwy.
York, PA 17402-2223
717-600-0100 voice & TTY
717-600-8101 fax
1-800-522-5827 in PA
1-800-441-5028 (Spanish in PA)
pen@parentednet.org
www.parentednet.org

Parents Union for Public Schools
1315 Walnut Street, Suite 1124
Philadelphia, PA 19107
215-546-1166
215-731-1688 fax
ParentsU@aol.com
City of Philadelphia, occasional service to surrounding counties

Puerto Rico
APNI
P.O. Box 21301
Ponce de Leon 724
San Juan, PR 00928-1301
787-250-4552
787-765-0345 fax
1-800-981-8492
1-800-949-4232
apnipr@prtc.net
Island of Puerto Rico

Rhode Island
RI Parent Information Network
175 Main Street
Pawtucket, RI 02860
401-727-4144 voice
401-727-4151 TDD
401-727-4040 fax
1-800-464-3399 in RI
collins@ripin.org
http://www.ripin.org/

South Carolina
Advocacy Coalition for Youth with Disabilities (CPRC)
c/o Famly Resource Center
135 Rutledge Ave.
PO Box 250567
Charleston, SC 29425
843-876-1519
843-876-1518 fax
mccarthyb@musc.edu
Tri-county: Charleston, Berkeley, and Dorchester

PRO-PARENTS
2712 Middleburg Drive, Suite 203
Columbia, SC 29204
803-779-3859 voice
803-252-4513 fax
1-800-759-4776 in SC
pro-parents@aol.com
community.columbiatoday.com/realcities/proparents

South Dakota
South Dakota Parent Connection
3701 West 49th St., Suite 200B
Sioux Falls, SD 57106
605-361-3171 voice & TDD
605-361-2928 fax
1-800-640-4553 in SD
bpete@dakota.net
www.sdparent.org

Tennessee
Support and Training for Exceptional Parents, Inc. (STEP)
424 E. Bernard Ave., Suite 3
Greeneville, TN 37745
423-639-0125 voice / 636-8217 TDD
423-636-8217 fax
1-800-280-STEP in TN
tnstep@aol.com
www.tnstep.org

Texas

El Valle Community Parent
Resource Center (CPRC)
530 South Texas Blvd. Suite J
Weslaco, TX 78596
956-969-3611
956-969-8761 fax
1-800-680-0255 TX only
texasfiestaedu@acnet.net
www.tfepoder.org
Cameron, Willacy, & Starr Counties.

Grassroots Consortium
P.O. Box 61628
Houston, TX 77207-6958
713-734-5355
713-643-6291 fax
speckids@pdq.net
Comprised of various community
groups nationwide

The Arc of Texas in the Rio Grande
Valley (CPRC)
Parents Supporting Parents Network
601 N Texas Blvd
Weslaco, TX 78596
956-447-8408
956-973-9503 fax
1-888-857-8688
dmeraz@gtemail.net
www.thearcoftexas.org

Partners Resource Network Inc.
1090 Longfellow Drive, Suite B
Beaumont, TX 77706-4819
409-898-4684 voice & TDD
409-898-4869 fax
1-800-866-4726 in TX
txprn@pnx.com
www.PartnersTX.org

Project PODER
1017 N. Main Ave., Suite 207
San Antonio, TX 78212
210-222-2637
210-475-9283 fax
1-800-682-9747 TX only
poder@tfepoder.org
www.tfepoder.org
San Antonio, Hondo, & Castroville,
Cameron, Hidalgo, Willacy, & Starr
Counties.

Utah

Utah Parent Center
2290 East 4500 S., Suite 110
Salt Lake City, UT 84117-4428
801-272-1051
801-272-8907 fax
1-800-468-1160 in UT
upc@inconnect.com
www.utahparentcenter.org

Vermont

Vermont Parent Information Center
1 Mill Street, Suite A7
Burlington, VT 05401
802-658-5315 voice & TDD
802-658-5395 fax
1-800-639-7170 in VT
vpic@together.net
homepages.together.net/~vpic

Virgin Islands
V.I. FIND
#2 Nye Gade
St. Thomas, US VI 00802
340-774-1662
340-774-1662 fax
vifind@islands.vi
www.taalliance.org/ptis/vifind/
Virgin Islands

Virginia
PADDA, Inc. (CPRC)
813 Forrest Drive, Suite 3
Newport News, VA 23606
757-591-9119
757-591-8990 fax
1-888-337-2332
webmaster@padda.org
www.padda.org

Parent Educational Advocacy
Training Center
6320 Augusta Drive
Springfield, VA 22150
703-923-0010
703-923-0030 fax
1-800-869-6782 VA only
partners@peatc.org
www.peatc.org

Washington
Parent to Parent Power (CPRC)
1118 S 142nd St.
Tacoma, WA 98444
253-531-2022
253-538-1126 fax
ylink@aa.net

PAVE/STOMP
6316 South 12th St.
Tacoma, WA 98465
253-565-2266 voice & TTY
253-566-8052 fax
1-800-572-7368
wapave9@washingtonpave.org
washingtonpave.org/stomp.html
U.S. Military installations; and as a resource for parent centers and others needing information on this subject.

Washington PAVE
6316 South 12th
Tacoma, WA 98465-1900
253-565-2266 (voice & TDD)
253-566-8052 fax
1-800-572-7368 in WA
wapave9@washingtonpave.org
washingtonpave.org

West Virginia
West Virginia PTI
371 Broaddus Ave
Clarksburg, WV 26301
304-624-1436 voice & TTY
304-624-1438
1-800-281-1436 in WV
wvpti@aol.com
www.iolinc.net/wvpti

Wisconsin
Native American Family
Empowerment Center
Great Lakes Inter-Tribal Council, Inc.
2932 Highway 47N, P.O. Box 9
Lac du Flambeau, WI 54538
715-588-3324
715-588-7900
1-800-472-7207 (WI only)
drosin@newnorth.net

Parent Education Project of
Wisconsin
2192 South 60th Street
West Allis, WI 53219-1568
414-328-5520 voice
414-328-5525 TDD
414-328-5530
1-800-231-8382 (WI only)
PMColletti@aol.com
members.aol.com/pepofwi/

Wisconsin Family Assistance Center for
Education, Training and Support (CPRC)
2714 North Dr. Martin Luther King Dr.
Suite E
Milwaukee, WI 53212
414-374-4645
414-374-4635 TTD
414-374-4655 fax
wifacets@execpc.com

Wyoming
Parent Information Center
5 North Lobban
Buffalo, WY 82834
307-684-2277 voice & TDD
307-684-5314
1-800-660-9742 WY only
tdawsonpic@vcn.com
www.wpic.org

Children's Mental Health Organizations

Minnesota Organizations

National Alliance for the Mentally Ill
of Minnesota
970 Raymond Ave. #105
St. Paul, MN 55114-1146
(612) 645-2948
www.nami.org

Mental Health Association of Minnesota
2021 East Hennepin Ave., #412
Minneapolis, MN 55413
(612) 331-6840
1-800-862-1799 (toll-free in MN)
www.mentalhealthmn.org

Mental Health Law Project
430 1st Ave. N., #300
Minneapolis, MN 55401-1780
(612) 332-1441
1-800-292-4150 (toll-free in MN)

Minnesota Association for
Children's Mental Health
1821 University Ave. W., Suite N184
St. Paul, MN 55104
(612) 644-7333
1-800-528-4511 (toll-free in MN)
www.macmh.org

Mental Health Law Project
430 1st Ave. N., #300
Minneapolis, MN 55401-1780
(612) 332-1441
1-800-292-4150 (toll-free in MN)

Minnesota Association for
Children's Mental Health
1821 University Ave. W., Suite N184
St. Paul, MN 55104
(612) 644-7333
1-800-528-4511 (toll-free in MN)
www.macmh.org

Ombudsman for Mental Health
and Mental Retardation
Suite 202, Metro Square Building
St. Paul, MN 55101
(651) 296-3848;
1-800-657-3506 (toll-free in MN)
www.ombudmhmr.state.mn.us

PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417
(612) 827-2966;
1-800-537-2237 (toll-free in MN)
www.pacer.org

National Organizations

Children's Defense Fund
25 E Street NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

Council for Children with Behavior
Disorders
1920 Association Drive
Reston, VA 22091
(703) 620-3660
www.ccbd.net

Families and Advocates Partnership
for Education (FAPE)
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612-827-2966 voice
612-827-7770 TTY
612-827-3065 fax
1-888-248-0822 toll-free
E-mail: fape@fape.org
Web site: *www.fape.org*

Federation of Families for
Children's Mental Health (FFCMH)
1021 Prince Street
Alexandria, VA 22314
(703) 684-7710
www.ffcmh.org

National Alliance for the Mentally Ill
Child and Adolescent Network
200 N. Glebe Rd., #1015
Arlington, VA 22203
(703) 524-7600
1-800-950-6264
www.nami.org

National Clearinghouse for
Mental Health Information
11A-33 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

National Information Center for
Children and Youth with Disabilities
P.O. Box 1492
Washington, DC 20013
(202) 884-8200; 1-800-695-0285
www.nichcy.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(202) 783-0125; 1-800-433-5959
www.nmha.org

Technical Assistance Alliance for
Parent Centers (The Alliance)
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612-827-2966 voice
612-827-7770 TTY
612-827-3065 fax
1-888-248-0822 toll-free
E-mail: alliance@taalliance.org
Web site: *www.taalliance.org*

The Federation of Families for Children's Mental Health State Chapters and Representatives Contact List

Alabama
Helping Other Parents Explore
H.O.P.E. Alternatives
940 Montclair Road, Suite 200
Birmingham, AL 35213
Off: (205) 595-4555

Alaska
Alaska Attachment & Bonding Assoc.
3300 Palmdale
Wasilla, AK 99654
Off: (907) 376-0366
Fax: (907) 376-3840
E-mail: bj@pobox.alaska.net

Alaska FFCMH
4045 Lake Otis Parkway
Suite 209
Anchorage, AK 99508
Off: (907) 563-0880
Fax: (907) 563-0881
(800) 478-0880
E-mail: mhaa@alaska.net

Arkansas
Arkansas FFCMH
4313 West Markham
Little Rock, AR 72205
Off: (501) 686-9060
Fax: (501) 686-9549

Arizona
Mentally Ill Kids in Distress
755 East Willetta
Suite 128
Phoenix, AZ 85006
Off: (602) 253-1240
Fax: (602) 253-1250
In-State (800) 35-MIKID
E-mail: MIKIDAZ@worldnet.att.net

California
Bridging the Gap
3123 West Lemondwood Drive
Lancaster, CA 93536
Heartbeat Families United
Project Heartbeat
1357 Seventh Avenue, Suite C
San Diego, CA 92101
Off: (619) 615-7671 x22
Fax: (619) 615-6284
E-mail: chnter@aol.com

Matrix Parent Network
2261 Elm Street
Napa, CA 94559
Off: (707) 259-8174
Fax: (707) 259-8651
E-mail: jklmatrix@aol.com

Parents Helping Parents
594 Monterey Boulevard
San Francisco, CA 94127
Off: (415) 841-8820
Fax: (415) 841-8824
United Advocates for Children
of California
P.O. Box 8900
Emeryville, CA 94662-8900
Off & Fax (510) 547-8754
E-mail: uacc@pacbell.net

Colorado
Colorado FFCMH
P.O. Box 200188
Denver, CO 80220
Off: (303) 572-0302
Fax: (303) 572-0304
(888) 569-7500

Northern Colorado FFCMH
1400 White Peak Court
Fort Collins, CO 80525
Home: (970) 223-3036
Fax: (970) 377-0245
E-mail: 74264.2641@compuserve.com

Connecticut
MHA of Connecticut Family
Advocate Program
2030 Beaver Road
Weathersfield, CT 06109
Off: (203) 272-4542
Fax: (860) 529-6833
In-State: (800) 842-1501

Delaware
Mental Health Association of Delaware
1813 N. Franklin Street
Wilmington, DE 19802
Off: (302) 656-8308
Fax: (302) 656-0747

District of Columbia
Family Advocacy & Support
Association
P.O. Box 73367
Washington, DC 20056-4884
Off: (202) 576-7154
Fax: (202) 576-8804
Home Fax: (202) 265-7877

Florida
Big Ben FFCMH
3927 Spring Creek Hwy.
Crawfordville, FL 32327
Off: (850) 487-1542
Fax: (850) 926-2523

FFCMH of Hillsborough County
1205 E. 8th Avenue
Tampa, FL 33605
Off: (813) 229-2884
Fax: (813) 228-8122

Georgia
GA Parent Support Network
1381 Metropolitan Parkway
Atlanta, GA 30310
Home: (404) 753-3858
Off: (404) 785-4500
Fax: (404) 785-6833

Hawaii
Hawaii Families as Allies
PO Box 700310
Kapolei, HI 96709-0310
Off: (808) 674-0732 x114
Fax: (808) 674-0780
E-mail: HFAllies@aol.com

Idaho
IDAHO FFCMH
1111 South Orchard, Suite 250
Boise, ID 83705
Off: (208) 334-5525
Fax: (208) 334-6664

Illinois
Illinois Federation of Families (IFF)
800 W Roosevelt, Bldg. 5D 107
Glen Ellen, IL 60137
Home: (847) 973-8976
Off: (800) 871-8400
Fax: (630) 545-5022
E-mail: kgfamilies@aol.com

CANDU Parent Group
24W 681 Woodcrest Drive
Naperville, IL 60540

F.A.N.S
2512 South Wood Drive
Champaign, IL 61821
Off: (217) 356-0113
Fax: (217) 355-3166
Parent Information Network / APO
P.O. Box 1088
Lake Villa, IL 60046
Fax: (847) 356-2393

Parents Supporting Parents
910-[illegible] South Adelaide
Normal, IL 61761

Indiana
Families Reaching for Rainbows
FFCMH MHA in Marion County
2506 Willowbrook Parkway, Suite 100
Indianapolis, IN 46205
Off: (317) 251-0005
Fax: (317) 254-2800

Indiana FFCMH
55 Monument Circle, Suite #455
Indianapolis, IN 46204
Off: (317) 638-3501
Fax: (317) 638-3540
In State (800) 555-6424

Iowa
Iowa FFCMH
303 West Main
PO Box 362
Anamosa, IA 52205
Off: (319) 462-2187
Fax: (319) 462-6789
E-mail: iaffcmhdir@aol.com

Kansas
Keys for Networking, Inc.
Kansas FFCMH
117 SW 6th Avenue
Topeka, KS 66603
Off: (785) 233-8732
Fax: (785) 235-6659
In-State (800) 499-8732

Heartland Parent Support Network
1616 Lake Avenue
Kansas City, KS 66103
Off & Fax: (636) 394-9563

Parent T.E.A.M.S., Inc.
P.O. Box 258 / 1730 Belmont
Parsons, KS 67357
Off: (316) 421-3736
Fax: (316) 421-4583

Kentucky
Kentucky Partnership
for Families and Children
1410 Versailles Road #6
Frankfort, KY 40601
Off: (502) 695-5366
(502) 695-3410
Fax: (502) 695-6829
In-State (800) 369-0533

KY SPIN / VRI
Louisville, KY 40218
Off: (502) 456-0923
Fax: (502) 456-0893
(800) 525-7746
E-mail: spininc@aol.com

Louisiana
Louisiana FFCMH
P.O. Box 4767
Shreveport, LA 71134-0767
Off: (318) 227-2796
Fax: (318) 227-2793
E-mail: lafofcmh@aol.com

Maine
Western ME Parent Awareness
922 Gore Road
Otisfield, ME 04270
Off: (207) 743-6368

Maryland
Families Involved Together
5000 York Road, 3rd Floor
Baltimore, MD 21212
Off: (410) 464-2606
Fax: (410) 464-2607
In-State (800) 498-5551

Montgomery County Chapter of FFCMH
17717 Cliffbourne Lane
Derwood, MD 20855
Off: (301) 217-1289

Massachusetts
Parent Professional Advocacy League
14 Beacon Street #706
Boston, MA 02108
Off: (617) 227-2925
Fax: (617) 227-1755
In-State (800) 537-0446

Michigan
Association for Children's Mental Health
941 Abbott Road
East Lansing, MI 48823
Off: (517) 336-7222
Fax: (517) 336-8884
E-mail: acmhinc@aol.com

Michigan Association for Children
with Emotional Disorders
321 West South Street
Kalamazoo, MI 49007
Off: (616) 343-5896
Fax: (616) 344-4645

Michigan Association for Children
with Emotional Disorders
15920 West Twelve Mile Road #201
Southfield, MI 48076
Off: (248) 552-0044
Fax: (248) 552-0047

Minnesota
Minnesota Association for Children's
Mental Health
1821 University Ave. W., Suite N-184
St. Paul, MN 55104
Off: (651) 644-7333
Fax: (651) 644-7391
In-State (800) 528-4511
E-mail: dsaxhaug@macmh.org

Mississippi
Mississippi Families as Allies
5166 Keele Street B-100
Jackson, MS 39206
Off: (601) 981-1618
Fax: (601) 981-1696
In-State (800) 833-9671
E-mail: msfaa@netdoor.com

Gulf Coast Chapter FFCMH
220 Bay Oaks Drive
Bay St. Louis, MS 39520

South Central Support Group
P.O. Box 122
Petal, MS 39465

Missouri
MO-SPAN
440 A Rue St. Francois
Florissant, MO 63031
Off: (314) 972-0600
Fax: (314) 972-0606
MO-SPAN Central Region
2623 Idlewood Road
Jefferson City, MO 65109

MO-SPAN NW Region
2501 Woodrail Avenue
Richmond, MO 64085

MO-SPAN SE Region
505 Nevada Drive
Bismarck, MO 63624
Off: (573) 734-2153

MO-SPAN SW Region
210 West Vine
Butler, MO 64730

Montana
Family Support Network
P.O. Box 21366
Billings, MT 59104
Off: (406) 256-7783
Fax: (406) 256-9879

Nebraska
Nebraska Family Support Network
215 Centennial Mall South 220
Lincoln, NE 68508-1813
Off: (402) 477-2992
Fax: (402) 477-3192
In-State (800) 245-6081

Nevada
Nevada PEP, Inc.
2810 West Charleston
Suite G-68
Las Vegas, NV 89102
Off: (702) 388-8899
Fax: (702) 388-2966
E-mail: nvpep@vegas.infi.net

New Hampshire
Alliance for the Mentally Ill of New Hampshire
10 Ferry Street 314
Concord, NH 03301
Off: (603) 225-5359
Fax: (603) 228-8848
In-State (800) 242-6264
E-mail: naminh@conknet.com

Granite State FFCMH
679 Mast Road
Manchester, NH 03102
Off: (603) 626-0900

New Jersey
Families Finding Hope
8 Tudor Court
Medford, NJ 08055
Off: (609) 714-1353

NJ Parents Caucus
265 Oak Ridge Avenue
Summit, NJ 07901
Off: (908) 522-1120
Fax: (908) 522-1888

Statewide Parent Advocacy Network
35 Halsey Street
Newark, NJ 07102
Off: (973) 642-8100 x105
Fax: (973) 642-8080
E-mail: span@bellatlantic.net

New Mexico
Parents for Behaviorally Different Children
5905 Marble NE, Suite 8
Albuquerque, NM 87110
Off: (505) 265-0430
Fax: (505) 255-6578

New York
Families Together of New York State
415 River Street
Troy, NY 12180
Off: (518) 274-4042
Fax: (518) 274-1320
In-State (888) FAM-TOGH
E-mail: famtogh@albany.net

Families United Network, c/o Parsons Child and Family Center
60 Academy Road
Albany, NY 12208
Off: (518) 426-2600
Fax: (518) 447-5234

Finger Lakes Parent Network, Inc.
Patti DiNardo
25 West Steuben Street
Bath, NY 14810-1511
Home: (716) 289-4874
Off: (607) 776-2164
Fax: (716) 289-3501
E-mail: edinardo@eznet.net

Mental Health Association in Duchess County
Lynn Rogers
510 Haight Avenue
Poughkeepsie, NY 12603
Off: (914) 473-2500
Fax: (914) 473-4870

Monroe County FFCMH / Better Days Ahead
339 East Avenue, Suite 201
Rochester, NY 14604-2615
Off: (716) 325-3145 x16
Fax: (716) 325-3188

Parent Support Network MHA of Rockland County, Inc.
20 Squadron Boulevard
New City, NY 10956
Off: (914) 639-7400 x26
Fax: (914) 359-6248

WITS End Family Support / Vanderhyden Hall, Inc.
Jill Sharp
P.O. Box 219
Wynantskill, NY 12198
Off: (518) 283-3458 x15
Fax: (518) 283-3347

North Carolina
WE CARE FFCMH
319 C St. Andrews Drive
Greenville, NC 27834
Off: (252) 439-0038
Fax: (252) 439-0043
E-mail: wecare@greenvillenc.com

WNC Families CAN
P.O. Box 665
Arden, NC 28704
Off: (828) 687-1157
Fax: (828) 687-1163
E-mail: wncfamilies@earthlink.net

North Dakota
ND FFCMH
P.O. Box 3061
Bismarck, ND 58502-3061
Off: (701) 250-1795 Ä
E-mail: ndkfed@btigate.com

ND FFCMH Region V
1104 2nd Avenue, South
Fargo, ND 58103
Off: (701) 235-6948
Fax: (701) 235-9923
E-mail: ndffrg19@idet.net

ND FFCMH Region VII
P.O. Box 3061
Bismarck, ND 58502-3061
Off: (701) 222-1223
Fax: (701) 250-8835

Ohio
Concerned Advocates Serving
Children & Families
2555 Lyndale, NW
Missillon, OH 44646
Fax: (330) 454-1476

Dream Catchers Family Advocates
P.O. Box 1263
Portsmouth, OH 45662
Off: (740) 353-4946
Fax: (740) 353-6512

FFCMH of Central Ohio
1438 East 19th Street
Columbus, OH 43211

First Ohio Chapter – FFCMH
4505 Quaker Court
Canfiled, OH 44406
Off: (330) 726-9570
Fax: (330) 726-9031

First Step
1724 Herbert Circle
Canal Fulton, OH 44614
Off: (330) 854-5774
Fax (440) 439-1966

OH Family Organization for Children's
Mental Health, Inc.
11647 Hamlet Road
Cincinnati, OH 45240-1907
Off: (513) 851-9884 Ä

Positive Education Program
3100 Euclid Avenue
Cleveland, OH 44115
Off: (216) 361-4400
Fax: (216) 361-8600

Oklahoma
OK AMI
5131 North Classen Blvd.,
Suite 110
Oklahoma City, OK 73118
Off: (405) 840-4746
Fax: (405) 848-1220
In-State (800) 645-5437

Oregon
Oregon Family Support Network
P.O. Box 13820
Salem, OR 97309-1820
Off: (503) 581-2047
Fax: (503) 581-4841
E-mail: ofsn@open.org

Pennsylvania
Parents Involved Network of
Pennsylvania
1211 Chestnut Street 11th Floor
Philadelphia, PA 19107
Off: (215) 751-1800 x214
Fax: (215) 636-6300
In-State (800) 688-4226 x214
http://www.pinofpa.org

Puerto Rico
Asoc. De Padres pro Bienestar de
Niños con Impedimentos
P.O. Box 21301
Rio Piedras, PR 00928
Off: (787) 763-4665
Fax: (787) 765-0345

Rhode Island
Parent Support Network
400 Warwick Avenue #12
Warwick, RI 02888
Off: (401) 467-6855
Fax: (401) 467-6903
In-State (800) 483-8844

Parent Support Network
4 Shore Road
Westerly, RI 02891

South Carolina
Family Support Network /SC AMI
P.O. Box 21586
Columbia, SC 29221-1586
Off: (803) 561-0000
Fax: (803) 561-9840
In-State (800) 788-5131

Federation of Families of SC, MHASC
1823 Gadsden Street
Columbia, SC 29201
Off: (803) 779-5363
Fax: (803) 779-0017
In-State (800) 375-9894
mhasc@colum.mindspring.com

The Village Program
1 Carriage Lane G
Charleston, SC 29407
Off: (843) 852-4125
Fax: (843) 852-4130

South Dakota
Parent Support Network
2609 South Elmwood Avenue
Sioux Falls, SD 57105

Tennessee
Tennessee Voices for Children, Inc.
1315 8th Avenue, South
Nashville, TN 37203
Off: (615) 269-7751
Fax: (615) 269-8914
In-State (800) 670-9882
E-mail: tvc@tnvoices.org

Texas
Bell County Chapter FFCMH
10707 Pendleton Troy Road
Troy, TX 76579
Off: (254) 938-2307
Fax: (254) 938-2431

Central Texas FFCMH
6418 Orange Blossom
Austin, Texas 78744
Fax: (512) 282-5817

Dallas FFCMH
MHA of Greater Dallas
624 North Good-Latimer #200
Dallas, TX 75204
Off: (214) 871-2420
Fax: (214) 954-0611
E-mail: Srogers@mhadallas.org

FFCMH of Austin, Travis County
6602 Lancret Hill Drive
Austin, TX 78745
Fax: (512) 445-7701

Grayson County FFCMH
4820-C Highgrove
Sherman, TX 75090
Fax: (903) 883-3742
patoadv@texoma.net

Gulf Coast FFCMH
Drawer O
Santa Fe, TX 77510
Off: (800) 839-8876
Fax: (409) 756-8326
Home: (409) 925-5547
Pager: (409) 643-3040
E-mail: ParentCnt@aol.com

Harris County FFCMH
4103 Wild Acres Drive
Houston, TX 77072
Off: (713) 970-4417
Fax: (281) 530-3938

Southeast Houston
6515 Hillcroft Street, Apt 441
Houston, TX 77081
Off: (713) 777-0195

Texas FFCMH
7701 North Lamar #500
Austin, Texas 78752
Off: (512) 451-3191
Fax: (512) 451-8302
In-State (800) 860-6057
E-mail: Patti_Derr@tmhc.org

Utah
Allies with Families
535 East 4500, South
Salt Lake City, UT 84107
Off: (801) 269-8553
Fax: (801) 269-8302

Vermont
Vermont FFCMH
P.O. Box 607
Montpelier, VT 05601-0607
Off: (802) 223-4917
Fax: (802) 828-2159
E-mail: vffcmh@together.net

Virginia
Children Have a Right to Succeed (CHARTS) – FFCMH
3504 Vaughan Creek Drive
Hayes, VA 23072
Off: (804) 642-2085
Fax: (804) 693-7407

Families First of Alexandria, Inc.
817 Little Street
Alexandria, VA 22301
Fax: (703) 548-0539
E-mail: FAM1stalex@aol.com

PACCT
7286 Ewell Circle
Mechanicsville, VA 23111
Off: (804) 559-6833
Fax: (804) 559-6835

Parent Resource Network
909 Chimborazo Boulevard
Richmond, VA 23223
Off: (804) 222-0455
Fax: (804) 222-0581

Washington
Federation of Families
2832 Sunset Lane, NE
Renton, WA 98056
Off: (425) 277-0426
Fax: (425) 277-5010
E-mail: marilynn@rocketmail.com

Everett Village Moms FFCMH Pacific Crest Family Support
2731 Wetmore Avenue, Suite #220
Everett, WA 98201-3581
Off: (425) 252-7716

Inland NW Chapter Federation of Families
8024 E. Lewis Lane
Spokane, WA 99212
Off: (509) 893-9831

Parents for Parents: Moving Beyond Blame
11320 238th SW
Edmonds, WA 98020
Off: (206) 542-5491
E-mail: ppmbb@aol.com

Renton Children's Inalienable Rights to Services Chapter of Federation of Families
16405 S.E. Maple Valley Hwy. #20
Renton, WA 98058
Off: (425) 235-7316

Seattle Parent Advocacy Network
2142 10th Avenue, W
Seattle, WA 98119
Off: (206) 298-9626
Fax: (206) 284-7843
E-mail: rbelz@seattlechildrenshome.org

Tacoma Chapter of FOF
5918 26th Street, NE
Tacoma, WA 98422
Off: (253) 927-1620

Thurston County FFCMH
3625 Arbor Drive, SE
Lacey, WA 98503
Off: (360) 413-7804

A Village Project FFCMH
323 W. Cloudy Street
Kent, WA 98032
Off: (253) 850-7681
Fax: (253) 520-7661

West Virginia
Mountain State Parent Children
& Adolescent Network
P.O. Box 6658
Wheeling, WV 26003-0906
Off: (304) 233-5399
Fax: (304) 233-3847
In-State (800) 244-5385
E-mail: mspcandir@aol.com

Barbour County You Are Not Alone
Support Group
Rt. 1, Box 218 E
Philippi, WV 26416
Off: (304) 457-2691
Fax: (304) 457-2693
E-mail: BCFRN@access.mountain.net

United Summit Parent Center
6 Hospital Plaza
Clarksburg, WV 26301
Off: (800) 786-6486
Fax: (304) 623-2989

Wisconsin
Wisconsin Family Ties
16 North Carroll Street #640
Madison, WI 53703
Off: (608) 267-6888
Fax: (608) 267-6801
In-State (800) 422-7145

Families United of Milwaukee
9501 Waterton Plank Road
Milwaukee, WI 53226
Off: (414) 257-6857
Fax: (414) 257-7575

W.A.T.C.H
First Love Community Outreach Center
429 W.N. Avenue
Milwaukee, WI 23212
Off: (414) 263-3375
Fax: (414) 263-1148

Wyoming
UPLIFT
P.O. Box 664
Cheyenne, WY 82003-0664
Off: (307) 778-8686
Fax: (307) 778-8681
E-mail: uplift@wyoming.com

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